

2002 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90153 020 ***158.75

DOCUMENT # P01000116538

1. Entity Name
ADVANCED SHOTCRETE OF BREVARD, INC.

Principal Place of Business

4015 LUCIANO AVE
COCOA FL 32926

Mailing Address

4015 LUCIANO AVE
COCOA FL 32926

4015 Luciano

Principal Place of Business
4015 Luciano

Suite, Apt. #, etc.

Mailing Address

430 Atlantis DR.

Suite, Apt. #, etc.

24974



DO NOT WRITE IN THIS SPACE

City & State
Cocoa FL

Zip
32926

Country
USA

City & State
Satellite Beach FL

Zip
32937

Country
USA

4. FEI Number
30-0010343

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOYD, ROBIN
4015 LUCIANO AVE
COCOA FL 32926
Valerie L. Grove
430 Atlantis DR.
Satellite Bch, FL 32937

7. Name and Address of New Registered Agent

Name
Valerie L. Grove
Street Address (P.O. Box Number is Not Acceptable)
430 Atlantis DR
City
Satellite Beach FL
Zip
32937

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Valerie L. Grove** **Robin Boyd** **Valerie L. Grove** **3-12-02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	BOYD, ROBIN	
STREET ADDRESS	4015 LUCIANO AVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BOYD, CHARLES	
STREET ADDRESS	4015 LUCIANO AVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GROVE, DONALD	
STREET ADDRESS	430 ATLANTIS DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32930	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GROVE, VALERIE	
STREET ADDRESS	430 ATLANTIS DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32930	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles S. Boyd**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
Date **Daytime Phone #**

CR2E034 (9/01)