


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90435 009 \*\*\*150.00

<b>DOCUMENT #</b> 1. Entity Name <b>P02000105386</b> <i>CAMCO OF BREVARD, INC</i>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5240 Babcock St.</b>		3. Mailing Address <b>5240 Babcock St.</b>	
Suite, Apt. #, etc. <b>Suite 310</b>		Suite, Apt. #, etc. <b>Suite 310</b>	
City & State <b>Palm Bay, FL.</b>		City & State <b>Palm Bay, FL.</b>	
Zip <b>32905</b>	Country <b>USA</b>	Zip <b>32905</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>223874482</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>Christopher A. Prokop</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>5240 Babcock St. Suite 310</b>		
City <b>Palm Bay</b>		FL	Zip Code <b>32905</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Christopher A. Prokop VP** **01/23/02**  
(NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/D</b> <b>Victoria L. Mullaney</b> <b>1401 Sheafe Ave NE 106 Palm Bay, FL. 32905</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T/D</b> <b>Christopher A. Prokop</b> <b>1401 Sheafe Ave NE 106 Palm Bay, FL. 32905</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Christopher A. Prokop, VP** **01/23/03** **321 508 4771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)