

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90499 023 \*\*\*150.00

**DOCUMENT # P02000123742**



1. Entity Name  
**ORANGE PEEL GAZETTE OF BREVARD, INC.**

Principal Place of Business  
**4260 LAKEMONT RD  
MELBOURNE FL 32934**

Mailing Address  
**4100 N WICKHAM #110 SUITE 102  
MELBOURNE FL 32935-2474**



2. Principal Place of Business

3. Mailing Address

**#110, 4100N. Wickham Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 102**

City & State

City & State  
**Melbourne, FL**

4. FEI Number

**41-2067944**

Applied For

Not Applicable

Zip

Country

Zip  
**32935-2474**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEMPLETON, CARMEN T  
4260 LAKEMONT RD  
MELBOURNE FL 32934**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Carmen T Templeton President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-03

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TEMPLETON, JOHN T</b>	
STREET ADDRESS	<b>4260 LAKEMONT RD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TEMPLETON, CARMEN T</b>	
STREET ADDRESS	<b>4260 LAKEMONT RD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Templeton, John T</b>	
STREET ADDRESS	<b>4260 Lakemont Rd</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32934</b>	
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Templeton, Carmen T</b>	
STREET ADDRESS	<b>4260 Lakemont Rd</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32934</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Haydok, Alex</b>	
STREET ADDRESS	<b>2730 Alicia Lane</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32935</b>	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen T Templeton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

DATE

321-254-3544

Daytime Phone #

CR2E034 (10/02)