

**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 102**

City & State  
**Melbourne, FL**

CHECK HERE IF MAKING CHANGES

Zip  
**32935-2474**

Country  
**USA**

4. FEI Number  
**41-2067944**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 1-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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 1-8-03 321-254-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)