

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051187

1. Entity Name
BREVARD BUSINESS & TAX SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90039 005 ***150.00

Principal Place of Business

65 E. NASA BLVD.
SUITE 101
MELBOURNE FL 32901
US

Mailing Address

65 E NASA BLVD
SUITE 101
MELBOURNE FL 32935
US

2. Principal Place of Business

175 SATELLITE AVE

3. Mailing Address

175 SATELLITE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SATELLITE BEACH, FL

City & State

SATELLITE BEACH, FL

Zip

32937

Country

Zip

32937

Country

4. FEI Number

59-3199309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARSENAULT, PATRICIA M
65 E NASA BLVD. SUITE 101
MELBOURNE FL 32901

Name

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

175 SATELLITE AVE.

City

SATELLITE BEACH, FL

FL

Zip Code

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

PATRICIA M. ARSENAULT - Patricia M. Arsenault

4/28/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ARSENAULT, PATRICIA M
CITY-ST-ZIP 175 SATELLITE AVE
SATELLITE BCH. FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

PATRICIA M. ARSENAULT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

321-777-4861

Daytime Phone #

CR2E034 (10/00)