

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90499 046 ***158.75

DOCUMENT # P95000014712

1. Entity Name
BREVARD COUNTY MULTIPLE LISTING SERVICE, INC.



Principal Place of Business
**1450 SARNO ROAD
MELBOURNE FL 32935-5299**

Mailing Address
**1450 SARNO ROAD
MELBOURNE FL 32935-5299**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3354434**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KANE, MATILDA J
1450 SARNO ROAD
MELBOURNE FL 32935**

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 _____ (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	S	<input type="checkbox"/> Delete
NAME	ALYEA, CHERYL A	
STREET ADDRESS	2194 HWY A1A 310	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	T	<input type="checkbox"/> Delete
NAME	EUGENE, COLLINS	
STREET ADDRESS	2191 JULIAN DRIVE SE STE 1	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUBUCHON, JUDY C	
STREET ADDRESS	1097 SOUTH PATRICK DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBARA, WALL C	
STREET ADDRESS	777 NO HWY STE 101	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, JAMES M	
STREET ADDRESS	10 SOUTH HORBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, PERRY J	
STREET ADDRESS	1090 NORTH HWY. A1A	
CITY-ST-ZIP	INDIALANTIC FL 32903	

11. 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	P	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCluskey, Betty S.	
STREET ADDRESS	400 St. Andrews Blvd.	
CITY-ST-ZIP	Melbourne FL 32940	
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:

Judy C. Aubuchon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

321-242-2211

Date Daytime Phone #

CR2E034 (10/02)