

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059625

1. Entity Name
THE COUNTY LINE OF BREVARD, INC.

Principal Place of Business

4650 NEW HAVEN AVENUE
MELBOURNE FL 32904
US

Mailing Address

4650 W NEW HAVEN AVE
W MELBOURNE FL 32904
US

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

59-3339816

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

GONZALEZ, TINO

111 SOUTH SCOTT STREET
MELBOURNE FL 32901

Name

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

3420 N. HARBOR CITY BLVD.

City

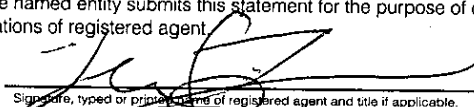
MELBOURNE

FL

Zip Code

32935

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

(NOTE: Registered Agent signature required when reinstating)

DATE

TINO GONZALEZ

10/22/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
BENNIGER, KELLY
STREET ADDRESS 1462 OLD MILLPOND RD
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Change ☐ Addition
NAME 700008888037
STREET ADDRESS 11/08/02--01056--006
CITY-ST-ZIP **750.00

TITLE ☐ Delete
NAME D
DIPINTO, JOSEPH
STREET ADDRESS 1462 OLD MILLPOND RD
CITY-ST-ZIP MELBOURNE FL 32940

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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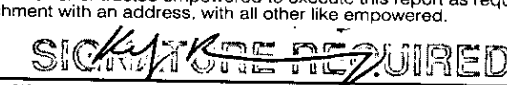
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/02 321-726-0146

FILED

02 OCT 28 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

CR2E034 (4/02)