

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087143

1. Entity Name  
**COMMERCIAL CONTRACT SERVICES OF BREVARD, INC.**

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

05-14-2001 90259 038 \*\*\*150.00

Principal Place of Business

9100 ELLIS RD  
SUITE E  
MELBOURNE FL 32904  
US

Mailing Address

1219 WING RD SW  
PALM BAY FL 32908  
US

2. Principal Place of Business

1219 Wing Rd SW  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

4. FEI Number **59-3372915**

Applied For  
Not Applicable

Zip  
32908

Country  
US

Zip

Country

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

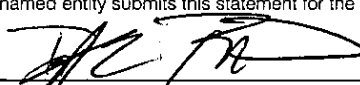
6. Name and Address of Current Registered Agent

READ, DAVID  
9100 ELLIS RD #E  
W MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name **READ, DAVID**  
Street Address (P.O. Box Number is Not Acceptable)  
1219 Wing Rd SW  
City **Palm Bay** **FL** Zip Code **32908**

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   
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

TITLE **D** ☐ Delete  
NAME **READ, DAVID**  
STREET ADDRESS **9100 ELLIS RD STE E**  
CITY-ST-ZIP **MELBOURNE FL 32904**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME  
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)