

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088392

1. Entity Name

BREVARD TRACTOR, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90076 008 \*\*\*150.00

Principal Place of Business	Mailing Address
2331 AURORA ROAD MELBOURNE FL 32935 US	2331 AURORA ROAD MELBOURNE FL 32935-3305 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0628213	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVANS, GARY  
6600 WEST MIDWAY ROAD  
FORT PIERCE FL 34981

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.

SIGNATURE \_\_\_\_\_ (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, 2000 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	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	EVANS, GARY 7659 CHARLESTON WAY PORT ST. LUCIE FL 34986
<input type="checkbox"/> Delete	BROWN, TONY 1561 - APT. B, PHEASANT WALK FORT PIERCE FL 34950
<input type="checkbox"/> Delete	EVANS, DIANNA 7659 CHARLESTON WAY PORT ST. LUCIE FL 34986
<input type="checkbox"/> Delete	BROWN, ARIENNE 1561 - APT. B, PHEASANT WALK FORT PIERCE FL 34950
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3370 Lakeview Cir Melbourne FL 32934
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3370 Lakeview Cir Melbourne FL 32934
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 #

4-24-00 320-754-5111

CR2E034 (9/99)