2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am § Secretary of State P95000088392 DOCUMENT # 05-05-2003 91180 049 ***150.00 1. Entity Name BREVARD TRACTOR, INC. Principal Place of Business Mailing Address 2331 AURORA ROAD 2331 AURORA ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0628213 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) EVANS, GARY 2331 AVRORA RD. **MELBOURNE FL 32935** avora 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 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Detete TITLE NAME EVANS, GARY NAME 7659 CHARLESTON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34986 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition NAME **BROWN, TONY** NAME STREET ADDRESS 3370 LAKEVIEW CR STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32934** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME **EVANS, DIANNA** STREET ADDRESS 7659_CHARLESTON WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34986 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWN, ARIENNE NAME STREET ADDRESS STREET ADDRESS 3370 LAKEVIEW CR CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 received or trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the rece changed, or on an attachme

SIGNATURE: