

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098704

1. Entity Name

BREVARD 2PER CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90120 037 ***150.00

Principal Place of Business

Mailing Address

779 E MERRITT ISLAND CSWY
SUITE 1216
MERRITT ISLAND FL 32952

779 E MERRITT ISLAND CSWY
SUITE 1216
MERRITT ISLAND FL 32952-3516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

779 E. MI CSWY #1216

779 E. MI CSWY #1216

City & State

City & State

Merritt Island, FL

Merritt Island, FL

Zip

Country

Zip

Country

32952

USA

32952

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3507947

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

SCHLEITH, KEVIN
215 E CRISAFULLI RD
MERRITT ISLAND FL 32953

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

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, 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. *Filed a zero return* OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ROSEN, HARRY B
CITY-ST-ZIP 779 E. MI CSWY #1215
MERRITT ISLAND FL 32952

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHLEITH, KEVIN
CITY-ST-ZIP 215 E CRISAFULLI RD
MERRITT ISLAND FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Harry B Rosen HARRY B ROSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-APR-2000 321.783.4939

Date

Daytime Phone #

CR2E034 (9/99)