

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90298 043 \*\*\*150.00

**DOCUMENT # P97000041969**

1. Entity Name  
**TELA-TECH OF BREVARD INC.**



Principal Place of Business  
**2800 LAKE HILL ROAD  
MELBOURNE FL 32934**

Mailing Address  
**2800 LAKE HILL ROAD  
MELBOURNE FL 32934**

**60006358**



2. Principal Place of Business

**2760 Filly Lane**

Suite, Apt. #, etc.

**Melbourne, FL**

City & State

**32934**

Zip

Country

**USA**

3. Mailing Address

**2760 Filly Lane**

Suite, Apt. #, etc.

**Melbourne, FL**

City & State

**32934**

Zip

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3434474**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLINGSHEAD, DIANE C**

**2760 FILLY LANE**

**MELBOURNE FL 32934**

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **HOLLINGSHEAD, DIANE C**  
STREET ADDRESS **2760 FILLY LANE**  
CITY-ST-ZIP **MELBOURNE FL 32934**

☐ Delete

TITLE  
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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Diane C Hollingshead**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03**

Date

**321 254 6853**

Daytime Phone #

CR2E034 (10/02)