2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017257

1. Entity Name

P.L.C. CORP OF BREVARD, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_ SANTO DOMINGO AVENUE SW _____ BAY FL 32908 690 SANTO DOMINGO AVENUE SW PALM BAY FL 32908-7471

FILED Jun 05, 2000 8:00 am Secretary of State

06-05-2000 90009 004 ***150.00

Daytime Phone #

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2. Principal Place of Business			3. Mailing Address]					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	El Number	59-3494140		<u> </u>	plied For t Applicable	
Zip	Country		Zip Cou		ntry 5.		Certificate of	Status Desired		\$8.75 Add Fee Required	itional	
	stered Agent			7. N	7. Name and Address of New Registered Agent							
CIANO, PAUL L 690 SANTO DOMINGO AVENUE SW PALM BAY FL 32908					Name Street Address (P.O. Box Number is Not Acceptable)							
			City				<u> </u>	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 \$15 After MAY 1, 2000 Fee will be Make Check Payable to Department			State	Trust	ion Campaign Fina Fund Contribution		_ Added	O May Be to Fees	
11. OFFICERS AND DIRECTORS 1						AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME CIANO, PAUL STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32908										☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
13. I hereby of indicated of the cor	certify that the information sup on this report or supplement poration or the receiver or tru or on an attachment with an	al report is true stee empowers	and accurate and that r	r the exe ny signa as requi	mption stated in	he same l	egal effect a	es it made under oa	ath' that La	am an officer	or director 1	