

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90051 045 ***150.00

DOCUMENT # P98000067492

1. Entity Name
HAPPENINGS REAL ESTATE OF BREVARD, INC

Principal Place of Business 4795 FAY BLVD UNIT 6 COCOA FL 32926	Mailing Address 4795 FAY BLVD UNIT 6 COCOA FL 32926
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2. Principal Place of Business 600 Aloha Ave Suite, Apt. #, etc.	3. Mailing Address 600 Aloha Ave Suite, Apt. #, etc.
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City & State Cocoa, FL	City & State Cocoa, FL
Zip 32927	Zip 32927
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2239485	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MESSER, SANDRA L
 4795 FAY BLVD UNIT 6
 COCOA FL 32926**

7. Name and Address of New Registered Agent

Name **Messer, Sandra J.**
 Street Address (P.O. Box Number is Not Acceptable)
600 Aloha Ave
 City **Cocoa** **FL** Zip Code **32927**

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 *Sandra J Messer* **1/8/01**
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, 2001 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	D <input type="checkbox"/> Delete MESSER, SANDRA J 4795 FAY BLVD UNIT 6 COCOA FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RODRIGUEZ, RANDEL L 4742 BROOKHAVEN AVE COCOA FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Messer, Sandra J 600 Aloha Ave Cocoa, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Sandra J Messer* **1/8/01** **321-631-2128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)