

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099642

1. Entity Name

BREVARD THERAPYWORKS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90024 036 ***150.00

Principal Place of Business

200 S. HARBOR CITY BLVD.
 STE 202
 MELBOURNE FL 32901

Mailing Address

200 S. HARBOR CITY BLVD.
 STE 202
 MELBOURNE FL 32935-4990

2. Principal Place of Business

1600 Sarno Road

3. Mailing Address

1600 Sarno Road

Suite, Apt. #, etc.

Suite III

Suite, Apt. #, etc.

Suite III

City & State

Melbourne FL

City & State

Melbourne, FL

Zip

32935

Country

USA

Zip

32935

Country

USA

4. FEI Number

59-3544481

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B.

905 N. HARBOR CITY BOULEVARD
 SUITE 101
 MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

G. Philip J. Zies

Street Address (P.O. Box Number is Not Acceptable)

17 Silver Palm Ave

City

Melbourne

FL

Zip Code

32901

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 of person named name of registered agent and title if applicable

G. PHILIP J. ZIES

MAY 1, 2000

(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. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	BENEN, JILL	905 N. HARBOR CITY BOULEVARD, SUITE 101	MELBOURNE FL 32935	<input checked="" type="checkbox"/>
	MUCHA, JENNIFER H	215 CADE AVENUE	MELBOURNE FL 32901	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D/P			<input checked="" type="checkbox"/>
	D/VITIS MUCHA, CHRISTOPHER J.	215 CADE AVENUE	MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Jennifer Mucha President Jennifer Mucha

4/17/00

321-751-1942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)