

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099642

1. Entity Name

BREVARD THERAPYWORKS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91128 034 ***150.00

Principal Place of Business

1600 SARNO ROAD
SUITE 111
MELBOURNE FL 32935
US

Mailing Address

1600 SARNO ROAD
SUITE 111
MELBOURNE FL 32935
US

2. Principal Place of Business

25 W. New Haven

Suite, Apt. #, etc.

Suite F

City & State

Melbourne FL

Zip

32901

Country

US

3. Mailing Address

25 W. New Haven

Suite, Apt. #, etc.

Suite F

City & State

Melbourne, FL

Zip

32901

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3544481

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

ZIES, PHILIP J G
17 SILVER PALM AVE
MELBOURNE FL 32901

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MUCHA, JENNIFER H	
STREET ADDRESS	215 CADE AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	MUCHA, CHRISTOPHER	
STREET ADDRESS	215 CADE AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	STOUGHTON, RHENDA	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOUGHTON, RHENDA	
STREET ADDRESS	214 olympic way #10	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jennifer Mucha, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

(321) 733-5353

Daytime Phone #

CR2E034 (10/00)