

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90001 003 ***158.75

DOCUMENT # P98000103172

1. Entity Name

MODERN IMAGE OF BREVARD, INC.

Principal Place of Business

**1930 HWY A1A
 INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**1930 HWY A1A
 INDIAN HARBOUR BEACH FL 32937**

2. Principal Place of Business

199 E EAU GALLIE BLVD

Suite, Apt. #, etc.

3. Mailing Address

199 E EAU GALLIE BLVD

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32937

Country

USA

City & State

MELBOURNE, FL

Zip

32937

Country

USA

4. FEI Number

59-3551585

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, SUSAN
 1930 HWY A1A
 INDIAN HARBOUR BEACH FL 32937**

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.

SIGNATURE

Susan Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-01

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 **D** ☐ Delete
 NAME **JOHNSON, SUSAN**
 STREET ADDRESS **616 MANATEE DR**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☒ Delete
 NAME **REILLY, ELIZABETH**
 STREET ADDRESS **454 SAINT LUCIA CT**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Reilly, Elizabeth**
 STREET ADDRESS **454 St. Lucia Ct.**
 CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Susan Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-01

Daytime Phone #

CR2E034 (10/00)