

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004723

1. Entity Name

BREVARD MOBILE HOME PARTS & SUPPLY, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90052 043 ***150.00

Principal Place of Business

Mailing Address

840 BREVARD AVE. SUITE B
ROCKLEDGE FL 32955

840 BREVARD AVE. SUITE B
ROCKLEDGE FL 32955-2106

2. Principal Place of Business

1419 CLEARLAKE RD

Suite, Apt. #, etc.

3. Mailing Address

1419 CLEARLAKE RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CoCoA FL

City & State

CoCoA FL

4. FEI Number

65-0892269

Applied For

Not Applicable

Zip
32922

Country

BREVARD

Zip

32922

Country

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

CHILDERS, BONNIE
840 BREVARD AVE, SUITE B
ROCKLEDGE FL 32955

Name

DEAN KONTOGIANNIS

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

1223 MEADOW LAKE RD

City

Rockledge

FL

Zip Code

32955

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

DEAN KONTOGIANNIS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-08-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KONTOGIANNIS, DEAN
1223 MEADOW LAKE RD
ROCKLEDGE FL 32955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
GEORGEANN KONTOGIANNIS
1223 MEADOW LAKE RD
Rockledge FL 32955 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SOLVICK, SANDRA Z
4671 GOLDFINCH LANE
MERRITT ISLAND FL 32953 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

DEAN KONTOGIANNIS

02-08-2000 321-631-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)