

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015266

1. Entity Name

SOLID SURFACES OF BREVARD, INC.

Principal Place of Business

7732 INDUSTRIAL STREET  
W. MELBOURNE FL 32904

Mailing Address

7732 INDUSTRIAL STREET  
W. MELBOURNE FL 32904-1631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUNN, FRANK  
407 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	HIPPCHEM, CLYDE	
STREET ADDRESS	7732 INDUSTRIAL STREET	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMPKINS, DAVE	
STREET ADDRESS	7732 INDUSTRIAL STREET	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAKE, FRANK	
STREET ADDRESS	7732 INDUSTRIAL STREET	
CITY-ST-ZIP	W. MELBOURNE, FL 32904	
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, DAVID	
STREET ADDRESS	7732 INDUSTRIAL ST	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Tompkins 1-11-2000

Date

Daytime Phone #

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90244 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)