

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2001 90028 004 ***150.00

DOCUMENT # **P99050015266**

1. Entity Name

SOLID SURFACES OF BREVARD INC.

Principal Place of Business

Mailing Address

**7616 TROPIC DR.
 WEST MELBOURNE, FL.
 32904**

00043047

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7616 TROPIC DR.

Suite, Apt. #, etc.

7616 TROPIC DR.

City & State

WEST MELBOURNE, FL.

City & State

WEST MELBOURNE, FL.

4. FEI Number

59-3558765

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

32904

Country

US

Zip

32904

Country

US

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

**FRANK BRUNN
 407 E. NEW HAVEN 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]

FRANK BRUNN

4-12-01

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	FRANK BLAKE	
STREET ADDRESS	7616 TROPIC DR.	
CITY-ST-ZIP	WEST MELBOURNE, FL. 32904	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID TOMPKINS	
STREET ADDRESS	7616 TROPIC DR.	
CITY-ST-ZIP	WEST MELBOURNE, FL. 32904	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GREGORY HUBBARD	
STREET ADDRESS	7616 TROPIC DR.	
CITY-ST-ZIP	WEST 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 title empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 (321)-728-8012
 Date Daytime Phone #

CR2E034 (11/00)