

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2001 90028 004 ***150.00

DOCUMENT # **P99000015266**

1. Entity Name

SOLID SURFACES OF BREVARD INC.

Principal Place of Business

Mailing Address

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

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.

Zip

32904

Country

US

Zip

32904

Country

US

4. FEI Number

59-3558765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FRANK BRUNN **4-12-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **FRANK BLAKE**
 CITY-ST-ZIP **7616 TROPIC DR.
 WEST MELBOURNE, FL. 32904**

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

TITLE ☐ Delete
 NAME **VICE PRESIDENT**
 STREET ADDRESS **DAVID TOMPKINS**
 CITY-ST-ZIP **7616 TROPIC DR.
 WEST MELBOURNE, FL. 32904**

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

TITLE ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **GREGORY HUBBARD**
 CITY-ST-ZIP **7616 TROPIC DR.
 WEST MELBOURNE, FL. 32904**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank Blake **4-12-01 (321)-728-8012**

CR2E034 (11/00)