

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021553

1. Entity Name

GULFSTREAM FINANCIAL SERVICES OF BREVARD, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90236 013 ***150.00

Principal Place of Business

1801 N WICKHAM ROAD STE 6
SUITE 3
MELBOURNE FL 32935

Mailing Address

1801 N WICKHAM ROAD STE 6
SUITE 3
MELBOURNE FL 32935

2. Principal Place of Business

1801 N. Wickham Road

Suite, Apt. #, etc.

3. Mailing Address

1801 N. Wickham Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3569960

Applied For

Not Applicable

Zip

Country

Zip

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

GOLDMAN, MITCHELL S
96 WILLIARD STREET STE 302
COCOA FL 32922

Name

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

City

BO

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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 NAME STREET ADDRESS CITY-ST-ZIP	D HOMSEY, DENNIS 1801 NORTH WICKHAM ROAD SUITE 3 MELBOURNE FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Homsey 4/23/01

Date

321-254-4634

Daytime Phone #

CR2E034 (10/00)