

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0121717 AV

DOCUMENT # P99000043998

1. Entity Name

BREVARD LEAK DETECTION, INC.

03-29-2002 90820 017 ***150.00

Principal Place of Business

**145 DUVAL ST.
 MELBOURNE BEACH FL 32951**

Mailing Address

**145 DUVAL ST.
 MELBOURNE BEACH FL 32951**

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

59-3577526

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

ROGERS, ERIKA K

145 DUVAL ST.

MELBOURNE BEACH FL 32951

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

Erika K. Rogers **Erika K. Rogers President**

1/9/02

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, 2002 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 **V**
 STREET ADDRESS **ROGERS, MICHAEL**
 CITY-ST-ZIP **145 DUVAL STREET
 MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **ROGERS, ERIKA**
 CITY-ST-ZIP **145 DUVAL ST
 MELBOURNE BEACH FL 32951**

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **WISE, WALTER W III**
 CITY-ST-ZIP **215 4TH AVE
 MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **Juri Kaevats**
 CITY-ST-ZIP **609 Citrus Ct.
 Melbourne Beach, FL 32951**

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **Sandra S. Kaevats**
 CITY-ST-ZIP **609 Citrus Ct.
 Melbourne Beach, FL 32951**

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

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

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

TITLE ☐ Change ☐ 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:

Erika K. Rogers **Erika K. Rogers**

1/9/02

321-729-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)