

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90065 001 ***150.00

00034700



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000054520

1. Entity Name
W.C.S. OF BREVARD, INC.

Principal Place of Business

Mailing Address

1045 S. FORK CIRCLE
 MELBOURNE FL 32901

1045 S. FORK CIRCLE
 MELBOURNE FL 32901-8434

2. Principal Place of Business

3. Mailing Address

1571 CYPRESS AVE
 Suite, Apt. #, etc.

PO BOX 510547
 Suite, Apt. #, etc.

City & State

MELBOURNE FLORIDA

City & State

MELBOURNE BEACH FLA.

4. FEI Number

59-3628129

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32951

Country

USA

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

SPIRA, JACK B
 5205 BABCOCK STREET, N.E.
 PALM BAY FL 32905

Name

WILLIAM C. SCHRADER

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

1045 S. FORK CIRCLE

City

MELBOURNE

FL

Zip Code

32901

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

WILLIAM C SCHRADER

William C Schrader

2-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	SCHRADER, WILLIAM C	
STREET ADDRESS	1045 S. FORK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHRADER, WILLIAM C	
STREET ADDRESS	1045 S. FORK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
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	P/V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM C SCHRADER	
STREET ADDRESS	125 RUE DE NANCY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
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

Date

Daytime Phone #

2-28-00 (321) 952-5302

CR2E034 (9/99)