

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90232 031 \*\*\*158.75

**DOCUMENT # P99000076394**

1. Entity Name

**REBEL ROAD DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

2066 14TH AVE  
 VERO BEACH FL 32960

2066 14TH AVE  
 VERO BEACH FL 32960-3430

**C0029870**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**800 8th Street**

**800 8th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite A**

**Suite A**

City & State

City & State

**VERO BEACH, FL**

**VERO BEACH, FL**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

**32962**

**U.S.A.**

**32962**

**U.S.A.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRACKETT, MARK A**  
**2066 14TH AVE**  
**VERO BEACH FL 32960**

Name

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

**1507 25th AVENUE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**2-1-00**

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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>President / Director</b>
STREET ADDRESS	<b>MARK A. BRACKETT</b>
CITY-ST-ZIP	<b>1507 25th AVENUE</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Richard C. Terry</b>
CITY-ST-ZIP	<b>406 12th place SE</b>
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:

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

**2-1-00**

Date

Daytime Phone #

**561-567-9255**

CR2E034 (9/99)