2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P99000086979 1. Entity Name A GRAND AFFAIR OF BREVARD, INC. 01-24-2000 90077 021 ***150.00 Mailing Address Principal Place of Business 304 S. HARBOR CITY BLVD. 304 S. HARBOR CITY BLVD. SUITE 201 SUITE 201 MELBOURNE FL 32901-1324 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address 702 E NEW HAVEN AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Boul Country BREV MCD \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSH DETTMER, DALE A 304 S. HARBOR CITY BLVD. **SUITE 201** MELBOURNE FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE TITLE ARMSTRONG, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2324 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32902-0232 TITLE_DPST Change Addition ☐ Delete TITLE MARSH, MARYANN NAME NAME 1573 GLENDALE AVENUE NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP ☐ Change - - Addition Delete -TITLE. 🚅 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if