## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # \$40131** BREVARD CARDS AND COINS INC. 04-17-2001 90074 024 \*\*\*150.00 Mailing Address Principal Place of Business 305 NEWPORT DRIVE 305 NEWPORT DRIVE MELBOURNE FL 32903 MELBOURNE FL 32903 3. Mailing Address 2. Principal Place of Business 562 Hwy Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3058456 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required BREN ARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAUGH, MICHAEL Street Address (P.O. Box, Number is Not Acceptable) 562 HIGHWAY A1A SATELLITE BEACH FL 32937 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) ume of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) --ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME HAUGH, MICHAEL NAME 562 Huy. AIA STREET ADDRESS STREET ADDRESS 305 NEWPORT DRIVE CITY-ST-ZIP CITY-ST-7IP MELBOURNE FL 32903 ☐ Delete TITLE 562 Hwy. AIA NAME HAUGH, DEBRA NAME STREET ADDRESS STREET ADDRESS 305 NEWPORT DRIVE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32903 ☐ Addition TITI E Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - . Addition... ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Addition