

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43722

1. Entity Name

BREVARD MOVERS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90089 002 ***150.00

Principal Place of Business

2699 AURORA RD.
MELBOURNE FL 32935
US

Mailing Address

2699 AURORA RD.
MELBOURNE FL 32935-2854
US

2. Principal Place of Business

2899 Dusa Dr.

3. Mailing Address

2899 Dusa Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3152649

Applied For

Not Applicable

Zip

32934

Country

U.S.

Zip

32934

Country

U.S.

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

NELSON, SHIRLEY A.
2699 AURORA RD.
MELBOURNE FL 32935

Name

Nelson, Shirley A.

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

2899 Dusa Dr.

City

Melbourne

FL

Zip Code

32934

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

Shirley A. Nelson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTDC	NELSON, SHIRLEY A.	3405 PALOMINO RD	MELBOURNE FL 32934	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	NELSON, GARY A.	3405 PALOMINO RD	MELBOURNE FL 32934	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Shirley A. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

321-259-9590

Daytime Phone #

CR2E034 (9/93)