

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90269 036 ***150.00

DOCUMENT # 643987

1. Entity Name

SUNWEST SPACE SYSTEMS, INC.

Principal Place of Business

668 RIVIERA BAY DR N.E.

~~P.O. BOX 20300~~

ST. PETERSBURG FL

33702

Mailing Address

668 RIVIERA BAY DR N.E.

~~P.O. BOX 20300~~

ST. PETERSBURG FL

33702

2. Principal Place of Business

668 RIVIERA BAY DR N.E.

3. Mailing Address

668 RIVIERA BAY DR N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33702

Country

Zip

33702

Country

4. FEI Number

59-1945298

Applied For

Not Applicable

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

BECK, R.L.

668 RIVIERA BAY DR N.E.

ST. PETERSBURG FL 33702

Name

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

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 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, 2002 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

PD
BECK, R.L.
668 RIVIERA BAY DR NE
ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VST
BECK, C.M.
668 RIVIERA BAY DR NE
ST. PETERSBURG FL

☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

R L BECK PD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

727-577-0629

Date

Daytime Phone #

CR2E034 (9/01)