

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30688

1. Entity Name

SPACE COAST PROPERTIES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90086 038 ***150.00

Principal Place of Business

Mailing Address

4865 LAKE ONTARIO DRIVE
PO BOX 567
SHARPES FL 32959
US

4865 LAKE ONTARIO DR
PO BOX 567
SHARPES FL 32959-0567
US

2. Principal Place of Business

3859 N. INDIAN RIVER DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Zip

Country

32926

USA

Zip

Country

4. FEI Number

59-2470352

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

BARNES, KELLY R

3859 N. INDIAN RIVER DR
COCOA FL 32926

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, 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 DS ☒ Delete
NAME BARNES, IRENE E
STREET ADDRESS 4850 LAKE MICHIGAN AVE
CITY-ST-ZIP COCOA FL

TITLE TPD ☐ Delete
NAME BARNES, KELLY R.
STREET ADDRESS 3859 N. INDIAN RIVER DR.
CITY-ST-ZIP COCOA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS KELLY R BARNES
CITY-ST-ZIP 3859 N. INDIAN RIVER DR.
COCOA FL 32926

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS STACY LOVELL
CITY-ST-ZIP 4579 KAWILLA PREST PLACE
TUSCULUMA, FL 32992

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kelly R Barnes President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KELLY R. BARNES PRESIDENT.

Date

1/31/00

Daytime Phone #

4076358007

CR2E034 (9/99)