

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90107 001 ***635.00

DOCUMENT # L97568

1. Entity Name
CANAVERAL INDUSTRIES, INC.

Principal Place of Business
166 CENTER ST.
CAPE CANAVERAL FL 32920

Mailing Address
166 CENTER ST.
CAPE CANAVERAL FL 32920-3728
US

2. Principal Place of Business
166 CENTER ST
Suite, Apt. #, etc.

3. Mailing Address
166 CENTER ST
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-3031904
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEALS, ROBERT E
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRADESKY, E. L.	NAME	
STREET ADDRESS	124 ST CROIX AVE.	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JOHN J	NAME	
STREET ADDRESS	1370 YORK CIR	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMORY, J. E.	NAME	
STREET ADDRESS	5120 PINTAIL LANE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL. FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARA, R. C.	NAME	
STREET ADDRESS	580 HIDDEN HOLLOW	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL. FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACCARO, T. W.	NAME	
STREET ADDRESS	325 S. BANANA RIVER DR.	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 19 Jan 2000 Daytime Phone #

CR2E034 (9/99)