

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90040 016 ****61.25

DOCUMENT # N03109

1. Entity Name
MOONPORT MODELERS, INC.



Principal Place of Business

**4960 CARTER ST
COCOA FL 32927
US**

Mailing Address

**P O BOX 782
TITUSVILLE FL 32781-0782
US**

90005634



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2405 Dolphin Rd

3. Mailing Address

P.O. Box 782

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Titusville, FL

Zip

32780

Country

USA

Zip

32781-0782

Country

USA

4. FEI Number **59-3011150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MC FARLAND, RALPH
4960 CARTER ST.
COCOA FL 32927**

7. Name and Address of New Registered Agent

Name **CRAIG HORTON**

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

2405 Dolphin Rd

Titusville

City

FL

Zip Code

32780

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MESSINA, JOHN**
STREET ADDRESS **P. O. BOX 2535**
CITY-ST-ZIP **TITUSVILLE FL 31781**

TITLE **VD** ☒ Delete
NAME **LUNDY, RAYMOND**
STREET ADDRESS **7395 TURKEY POINT DR.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **SD** ☒ Delete
NAME **MC FARLAND, RALPH**
STREET ADDRESS **4960 CARTER ST.**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **TD** ☒ Delete
NAME **SINEX, RICHARD**
STREET ADDRESS **5385 JAMAICA RD.**
CITY-ST-ZIP **PORT ST. JOHN FL 32927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☒ Addition
NAME **RON Roberts**
STREET ADDRESS **2420 Christie Dr**
CITY-ST-ZIP **Titusville, FL 32786**

TITLE **VD** ☒ Change ☒ Addition
NAME **JAMES PEDERSEN**
STREET ADDRESS **4093 Woodland Ct**
CITY-ST-ZIP **MIMS, FL 32754**

TITLE **SD** ☒ Change ☒ Addition
NAME **GEORGE BINNS**
STREET ADDRESS **6625 HAVEN ST.**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **TD** ☒ Change ☒ Addition
NAME **CRAIG HORTON**
STREET ADDRESS **2405 Dolphin Rd**
CITY-ST-ZIP **Titusville FL 32780**

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/7/03

321-264-9400

CR2E037 (10/02)