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

## FILED Mar 14, 2002 8:00 am Secretary of State

DOCUMENT # N15512  1. Entity Name				03-14-2002 90308 030 ****61.25		
UNITY ON THE SPACE						
COAST, INC.				_		
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 2000 South St. P.O. Box Suite, Apt. #, etc.  3. Mailing Address P.O. Box Suite, Apt. #, etc.			1959	DO NOT WRITE IN THIS SPACE		
City & State	-i   <del>-π</del>	& State Tu.S.U.L.L.	٤, FL	4. FEI Number 5927	01553	Applied For Not Applicable
Zip 32780 Country U.S.	Zip	32781	Country	5. Certificate of Sta		8.75 Additional
			Nome		s of Current Registered A	Agent
			AXINE C	YXINE ORMISTON (P.O. Box Number is Not Acceptable)		
			00 Abbott			
						8. The above named entity submits this
o. The above fibrico chary sublimes this	statement to the purpo	so or enoughing haves	gister ou orned or regio	· ·		
SIGNATURE MAXINE	Ormist		gapine	Ormistra	2/12	102
	registered agent and little if applic	zable. (NOTE: Re	a <b>g</b> islered Agent signature requ	ired when reinstating)	P DATE .	
Signature, typed or printed name of r		<u> </u>				
		9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make Check Department	-
FEE IS \$61,25 Initial or Amended L  OFFICE			aign Financing atribution.	\$5.00 May Be		t of State
FEE IS \$61.25 Initial or Amended L  10. OFFICE TITLE	UBR ERS AND DIRECTORS		aign Financing	\$5.00 May Be		t of State
FEE IS \$61.25 Initial or Amended L  10. OFFICE TITLE NAME STREET ADDRESS LY 500 Albort	UBR  ERS AND DIRECTORS  MISTON  H	Trust Fund Con	aign Financing ntribution.	\$5.00 May Be		t of State
FEE IS \$61.25 Initial or Amended L  10. OFFICE TITLE P NAME NAXINE OR	UBR  ERS AND DIRECTORS  MISTON  H	Trust Fund Con	aign Financing atribution.	\$5.00 May Be		t of State
FEE IS \$61.25 Initial or Amended L  10. OFFICE  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V	UBR  ERS AND DIRECTORS  MISTON  H  FL 328	Trust Fund Con	aign Financing ntribution.   THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME	\$5.00 May Be		-
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12. I hereby certify that the information supplied with this fiting 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Medice Ormiston MAZINE Ormiston 3/18/03 (321) 383-0195

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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