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

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90054 030 ****61.25

DOCUMENT # N32859 ✓

1. Entity Name
Space Coast Chapter of National SPA + Pool Institute, Inc.

653271

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
258 Bangsberg Rd	258 Bangsberg Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte FL	City & State: Port Charlotte FL
Zip: 33952 Country: USA	Zip: 33952 Country: USA

4. FEI Number 56-0124750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Mitchell T Brooks

Street Address (P.O. Box Number is Not Acceptable): 258 Bangsberg Rd

City: Port Charlotte FL Zip Code: 33952

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD NAME Montanaro Dominick STREET ADDRESS 195 Desoto PKWY CITY-ST-ZIP Satellite Beach FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPD NAME Johnson Dawn STREET ADDRESS 4100 N Wickham Rd #105 CITY-ST-ZIP Melbourne FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE STD NAME Johnson Bob STREET ADDRESS 4100 N Wickham Rd #105 CITY-ST-ZIP Melbourne FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Underwood Terri STREET ADDRESS 1132 Patrick Dr. CITY-ST-ZIP Satellite Beach FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Underwood Albert STREET ADDRESS 1132 Patrick Dr CITY-ST-ZIP Satellite Beach Fl 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Tuten Keith STREET ADDRESS 129 Sixth Ave CITY-ST-ZIP IndiAtlantic FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dom Montanaro Pres 4/23/02 9417646774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Dominick Montanaro

ATTACH # N32859 / 653271

D mace Vanessa
1370 San Cortez ave NE
Palm Bay FL 32907-1117

D Simone, marino
307 OCEAN Ave
Melbourne FL 32951-2519

D Dimare Rob
7619 Ellis Rd.
melbourne FL 32904

D. metcalf Scott
264 west Dr.
melbourne Fl, 32904-1042