

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90972 005 \*\*\*\*61.25

**DOCUMENT # N95000005221**

1. Entity Name  
**SATELLITE BEACH COMMUNITY SERVICES, INC.**

Principal Place of Business

Mailing Address

**S. PATRICK DR.**  
**SATELLITE BEACH FL 32937**  
**US**

**S. PATRICK DR.**  
**SATELLITE BEACH FL 32937**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1089 S. Patrick Drive**

3. Mailing Address

**1089 S. Patrick Drive**

4. Suite Apt. #, etc.

**107**

5. Suite Apt. #, etc.

**107**

City & State

City & State

4. FEI Number **59-3352842**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**NORTHCUTT, WILLIAM R**  
**2194 HIGHWAY A1A STE 306**  
**INDIAN HARBOR BEACH FL 32937**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MARK LOWE</b>	
STREET ADDRESS	<b>510 CINNAMON DRIVE</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN FERGUS</b>	
STREET ADDRESS	<b>135 MAPLE DRIVE</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>STOWE, ROBERT</b>	
STREET ADDRESS	<b>530 CINNAMON DR.</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>MAYER, WM. E</b>	
STREET ADDRESS	<b>377 KINGSTON ROAD</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *WM. E. MAYER* **REQUIRED** *W. E. MAYER, TREASURER 2/22/02 321-777-8336*

CR2E037 (9/01)