1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9600000886

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

ASTRO TECH RACE TEAM, INC.

## Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90035 035 \*\*\*\*61.25

DELETE	Principal Pla	·				
Principal Place of Business   2a		ace of Business	Mailing Address			
Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 27 City & State 37						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27						
Suite, Apt. #, etc.    27	Principal	I Place of Business	2a. Mailing Address			· ;
Section   Status   Status   Section   Sectio	]		26		02/16/1996	<u> </u>
City & State    Zip	Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.			Applied For
Zip			27		59-3365040	
20   Country   Zip   Country   Zip   Country   S.   Election Campaign Financing   \$5.00 May Be Added to Fees   Provision of Country   S.   Name and Address of Current Registered Agent   St.   Name	City & St	tate	<b>├</b> ┐ ′		5. Certificate of Status Desired	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. SNAGLETON AVENUE  TITUSVILLE FL 32796  22. Street Address (P.O. Box Number is Not Acceptable)  33. Address of current Registered Agent of District Survival Registered Agent (P.O. Box Number is Not Acceptable)  34. City  35. Instruction of Control of Proceedings of Procedings of Registered Agent (P.O. Box Number is Not Acceptable)  36. City  37. FL 85. Zip Code  38. City  39. Cit	Zip.	Country		Country	6. Flection Campaign Financing	\$5.00 May Be
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	]	<u> </u>	[29]	30		
LACOY, JIM 102 S SINGLETON AVENUE TITUSVILLE FL 32796  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors: I hereby accept the objections of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors: I hereby accept the objections of Sections 617.0503, Florida Statutes.  IGNATURE    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.					10. Name and Address of New Registe	ered Agent
102 \$ SINGLETON AVENUE   83   84   City   FL   85   Zip Code				81 Name		
Basilian	I ACOY~	SAIM AND A COLOR OF T		92 Street	Address (P.O. Box Number is Not Acceptable)	
### City   FL   85   Zip Code				51.06(7	to the man common to that a management	
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 617.0503, Florida Statutes.    Interest				83		. '
I. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE    Interpretation   Interpret		- <u></u> <del></del>		84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
IGNATURE   Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE					ひかいと 一生 中 数 しまげき アラバス かんまいもって こでき マービ	FL
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LACOY, JIM   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   TITUSVILLE FL 32796   14 CITY-ST-ZIP   Change   Additional continuous		RE Signature, typed or printed name of registered	d agent and title if applicable. (NOTE: (	Registered Agent signature re	equired when reinstating) DAT	Œ .
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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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

**SIGNATURE** 

Change

☐ Addition