

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90043 044 ****61.25

DOCUMENT # N99000004771



1. Entity Name
FLORIDA COMMERCIAL SPACE FINANCING CORPORATION

Principal Place of Business

1311 NORTH U.S. HWY 1
SUITE 129
TITUSVILLE FL 32796
US

Mailing Address

1311 NORTH U.S. HWY 1
SUITE 129
TITUSVILLE FL 32796
US

20017457



2. Principal Place of Business

403 Brevard Ave.

3. Mailing Address

403 Brevard Ave.

Suite, Apt. #, etc.

Suite one

Suite, Apt. #, etc.

Suite one

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number 59-3624635

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

32922 USA

Zip

Country

32922 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, PHILIP R
1311 NORTH U.S. 1
SUITE 129
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
403 Brevard Ave., Suite One
City Cocoa FL Zip Code 32922

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

Philip R. Thompson

Philip R. Thompson, CFO

1-14-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	BLAKESLEE, MARY HELEN	
STREET ADDRESS	2001 THE CAPITOL	
CITY-ST-ZIP	TALLAHASSEE FL 32399	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOCOUREK, TODD G	
STREET ADDRESS	1242 NORTH DUVAL STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLLEY, JAMES	
STREET ADDRESS	195 CHICORY AVENUE NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, TOM	
STREET ADDRESS	605 SUWANNEE STREET MS-46	
CITY-ST-ZIP	TALLAHASSEE FL 32399-0450	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORTON, JOHN W	
STREET ADDRESS	215 SOUTH MONORE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, SUSAN	
STREET ADDRESS	50 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Stephen Fancher	
STREET ADDRESS	10400 NW 33rd Street #200	
CITY-ST-ZIP	miami, FL 33172-5902	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis E. Laubscher	
STREET ADDRESS	390 N Orange Ave #1300	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

John Wiley Horton REQUIRED John Wiley Horton 1-14-03 321-690-3397

CR2E037 (10/02)