## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)



## FILED Mar 17, 2003 8:00 am Secretary of State

Principal Place of Business 1943 SURF 400 2250 W NEW HAVE AE SURF 1940 US 4 W REQUIRE FL 22004 US 4 W REQUIRE FL 22004 US 5 W MERQUIRE FL 22004 US 5 Certificate of Status Deserted SPERT Flore Name and Address of New Registered Agent ANDERSON, J. PATRICK STREET Address of New Registered Agent ANDERSON, J. PATRICK STREET Address of New Registered Agent ANDERSON, J. PATRICK STREET Address of New Registered Agent  ANDERSON, J. PATRICK STREET Address of New Registered Agent  ANDERSON, J. PATRICK STREET Address of New Registered Agent  Name ANDERSON, J. PATRICK STREET Address of New Registered Agent  Only  STREET Address of New Registered Agent  Name ANDERSON, J. PATRICK STREET Address of New Registered Agent  Name ANDERSON, J. PATRICK STREET Address of New Registered Agent  Name ANDERSON, J. PATRICK STREET Address of New Registered Agent  Name ANDERSON, J. PATRICK STREET Address of New Registered Agent  Name ANDERSON, J. PATRICK STREET Address of New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  Name ANDERSON, J. PATRICK STREET ADDRESS OF New Registered Agent  N	1. Entity Name				17-2003 90	•							
1942 S DMFT RD	SPACE G	ROUND SYSTEM SOLUTION	ONS, INC.										
Suria. Apl. #, otc.  Sulic. Apl. #, etc.  City & Statu.  Name  ANDERSON, J. PATRICK  Street Address of New Registered Agent  Name  ANDERSON, J. PATRICK  Street Address of New Registered Agent  Name  ANDERSON, J. PATRICK  Street Address of New Registered Agent  City & FL.  City FL.	1942 S DAIRY WEST MELBO	RD	2263 W NEW HAVEN AE SUITE 384 W MELBOURNE FL 32904										
City & State  Country  Country  6. Certificate of Status Desired  8. Research  Fee Required  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ANDERSON, J. PATRICK  ANDERSON, J. PATRICK  Street Address (P.O. Box Number is Not Acceptable)  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 sun familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I sun familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I sun familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I sun familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I sun familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I sun familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I sun familiar with, and accept the obligations of registered agent agent, or both, in the State of Florida. I sun familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I sun familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I sun familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I sun familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I sun familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I sun familiar with, and accept	2. Principal Pl	ace of Business	3. Mailing Address						161 <b>0 1</b> 11 <b>0</b> 1 <b>0</b> 160 1	ICEI BICE I	11 <b>0</b> 1 (19) (99)		
Zip Country Zip Country 5 - Country 6 - Certificate of Status Desired Address of Current Registered Agent To Name and Address of New Registered Agent Per Regulated Status Desired Desired Desired Desired Des	Suite, Apt.	#, etc.	Suite, Apt. #, etc.										
S. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  Name  Na	City & State	۔ ۔۔ ۔۔۔۔	City &	State		4	FEI Number 59-3	415560	, , , , , , , , , , , , , , , , , , , ,	Not	Applicable	-	
ANDERSON, J. PATRICK  \$ FRESE, NASH & TORPY, P.A.  \$300 S. HARBOR CITY BLVD., SUITE 505  MELBOURNE FL 32801  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 scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of	Zip	Country	Zìp	(	Country				☐ Fee	Required			
ANDERSON, J. PATRICK % FRESE, NASH & TORPY, P.A. 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901  6. The above named only 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  FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State  10. OFFICEHS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILE NAME  PO TORMALA, ROBERT S SIGNET AUROSS  STREET AUROSS  SIGNET AUROSS  STREET AUROSS		6. Name and Address of Current	t Registered	Agent	Nome	7.	. Name and Address	of New Regis	stered Ager	11		ł	
## FRESE, NASH & TORPY, P.A.  ## 300 S. HARBOR CITY BLVD., SUITE 505  ## BUBOURNE FL 32901    City   FL   Zip Code							Name						
City					Street Ac	Street Address (P.O. Box Number is Not Acceptable)							
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    Signature, typed or prived name of registered agent agent and the 7 applicable.   (NOTE Registered Agent signature recursed when reinstating)   DATE	930 S. HA	ARBOR CITY BLVD., SUITE 505											
SIGNATURE  FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TILE NAME STREET ADDRESS CITY-ST-2P  WALDORF MD  TILE NAME STREET ADDRESS CITY-ST-2P  WALDORF MD  TILE NAME STREET ADDRESS CITY-ST-2P  WALDORF MD  TILE NAME STREET ADDRESS CITY-ST-2P  VD CAMP SPRINGS MD  Delete TILE NAME STREET ADDRESS CITY-ST-2P  WALDORF MD  TILE NAME STREET ADDRESS CITY-ST-2P  VD CAMP SPRINGS MD  Delete TILE NAME STREET ADDRESS CITY-ST-2P  VD CAMP SPRINGS MD  TILE NAME STREET ADDRESS CITY-ST-2P  VD CAMP SPRINGS MD  TILE NAME STREET ADDRESS CITY-ST-2P  VD CAMP SPRINGS MD  TILE NAME STREET ADDRESS CITY-ST-2P  VD CAMP SPRINGS MD  TILE NAME STREET ADDRESS CITY-ST-2P  TILE NAME						3.4							
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			for the purpos	e of changing its reg	jistered office or	registered :	agent, or both, in the S	State of Florida	a. I am fami	iar with, a	and accept		
After May 1, 2003. Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE.	Signature, typed or printed name of registered agen	nt and title if applica	able. (NOTE: Re	gistered Agent signatu	re required whe	en reinstating)		DATE				
TILE   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   SD   Delete   TILE   DAVIS, BRIAN   STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS   CITY-ST-ZIP	After May 1, 2003, Fee will be \$550.00												
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME CACCIAGLIA, DAVID J STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS				S	11.		ADDITIONS/CHANGE	S TO OFFICE	RS AND DIF	RECTORS	3 IN 11	]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADD	TITLE NAME STREET ADDRESS	TORMALA, ROBERT S 5061 TALLWOOD CIRCLE		☐ Delete	NAME STREET ADDRESS		-			Change	☐ Addition	00/04/7002	
TITLE TD Delete TITLE NAME DAVIS, BRIAN STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FK STREET ADDRESS CITY-ST-ZIP CAMP SPRINGS MD Delete STREET ADDRESS CITY-ST-ZIP CAMP SPRINGS MD DELET STREET ADDRESS CITY-ST-ZIP CAMP SPRINGS MD STANDARD	TITUE' NAME STREET ADDRESS	VD CACCIAGLIA, DAVID J 818 STONE AVE.		☐ Delete	NAME STREET ADORESS	· . · · · · · · · · · ·				) Change	☐ Addition	] {	
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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 607, 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 ampowered.

SIGNATURE:

321-956-8200