

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

04-23-2002 90430 015 ***150.00

DOCUMENT # P000000047875

1. Entity Name

Satellite Services of Daytona Beach Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2237 S. Ridgewood

Suite, Apt. #, etc.

3. Mailing Address

2237 S. Ridgewood

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

South Daytona FL

City & State

South Daytona FL

4. FEI Number

59-364 8674

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

32119

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Joseph P. Clark

Street Address (P.O. Box Number is Not Acceptable)

Florida Accounting Svc.

533 N. Nova Rd Suite 115

City

Ormond Beach

FL

Zip Code

32174

**DO NOT WRITE
IN THIS SPACE**

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

5-23-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>P,VP,S,T,D</u>		
	<u>Ronald P. Wharton.</u>		
	<u>5965 ShadyCreek Lane</u>		
	<u>San Port Orange FL 32128</u>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald P. Wharton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-02

Date

Daytime Phone #

CR2E034B (12/01)