

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

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90074 042 ***150.00

DOCUMENT # **570039**

1. Entity Name

SPACE MART, INC.



DO NOT WRITE IN THIS SPACE

94038603

2. Principal Place of Business

104 - 118 US HWY SO

Suite, Apt. #, etc.

3. Mailing Address

1454 GOLFVIEW DR SO

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AVON PARK FLORIDA

Zip

33825

Country

USA

City & State

AVON PARK FLORIDA

Zip

33825

Country

USA

4. FEI Number

59-1870517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

YOUNG, HELEN K

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

1454 GOLFVIEW DR SO

City

AVON PARK

FL

Zip Code
33825

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNG, HELEN K 1454 GOLFVIEW DR SO AVON PARK FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, ROBERT D SR 1454 GOLFVIEW DR SO AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Helen K. Young STD
HELEN K. YOUNG STD

03/24/04

(863) 452-2427

Date

Daytime Phone #

CR2E034B (12/02)