

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763969

1. Entity Name

SPACE COAST STREET RODS, INC.

Principal Place of Business

P.O. BOX 560101  
ROCKLEDGE FL 32956

Mailing Address

P.O. BOX 560101  
ROCKLEDGE FL 32956

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2465196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PACE, JR., JOSEPH LEIGH  
1307 HUNTINGTON LN.  
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name Jim Turman  
Street Address (P.O. Box Number is Not Acceptable)  
2610 Fox Run Trail  
City W. Melbourne FL Zip Code 32904

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD  
NAME BURKHOUT, LARRY B  
STREET ADDRESS 3015 HENSHAW COURT  
CITY-ST-ZIP MELBOURNE FL 32934 ☐ Delete

TITLE PD  
NAME TURMAN, JIM  
STREET ADDRESS 2610 FOX RUN TRAIL  
CITY-ST-ZIP W. MELBOURNE FL 32904 ☐ Delete

TITLE TD  
NAME DIXON, LOIS D  
STREET ADDRESS 2155 LOIS LANE  
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE SD  
NAME TURMAN, JULIE  
STREET ADDRESS 2610 FOX RUN TRAIL  
CITY-ST-ZIP W. MELBOURNE FL 32904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Joseph Leigh Pace Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasury

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)