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

## DOCUMENT # 763969

1. Entity Name



## FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90599 039 \*\*\*\*61.25

SPACE COAST STREET RODS, INC.								
Principal Plac	ce of Business	Mailing Address		7				
P.O. BOX 560101 P.O.		P.O. BOX 560101	P.O. BOX 560101					
ROCKLEDGE FL 32956 ROC		ROCKLEDGE FL 32956						
				1 1 <b>88</b> 00 1 <b>860 1</b> 00		<b>Biri</b> i <b>Birii Bir</b> i		
2. Principal Place of Business 3. N		3. Mailing Address	J. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING	CHANGES		
City & State		City & State	City & State		4. FEI Number EQ-24CE 10C Applied For			
City & State		City & State			4. FEI Number <b>59-2465196</b>		t Applicable	
Zip	Country	Zip-	Country	5. Certificate of Star		8.75 Add	itional	
	6. Name and Address of Supremb 5	Indiatored Apont				ee Required		
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Addre	ess of New Registered A	gent		
DIXON, RONALD C								
2155 LOI			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
COCOA FL 32926								
			City	***************************************	FL	Zip Code	•	
R The above	e named entity submits this statement for	the nurnose of changing its re	naistered office or registr	ered agent or both in th		miliar with	and accept	
	tions of registered agent.	and purpose of changing to to	igistored office of registr	ered agont, or both, in a	ic olate of Florida. Talli le	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and decept	
							į	
SIGNATURE		AND TO SERVICE OF THE PROPERTY						
	Signature, typed or printed name of registered agent an	to title if applicable. [NOTE: F	Registered Agent signature require	red when reinstating)	DATE			
!		Election Camp	aigo Financina	<b>65.00</b>	Maka Chook	Davable :	.	
FILE NOW: FEE IS \$61.25		· ·	<ol> <li>Election Campaign Financing    Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIR			
TITLE	VPD	Delete	TITLE			Change	Addition -	
NAME STREET ADDRESS	HEGI, TODD		NAME STREET ADDRESS					
CITY-ST-ZIP	1320 NEWFOUND HALBER DR   MERRITT ISLAND FL 32952		CITY-ST-ZIP					
TITLE	PD PD	Delete	TITLE	· <del></del> ,		☐ Change	Addition	
NAME	DIXON, RONALD	L Delete	NAME جو مياتي الم		e yezh eveletakoa e i i i		Addition	
STREET ADDRESS	2155 LOIS LANE	ويستنب مناصياتها منان وبدار رابان	STREET ADDRESS					
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP					
TITLE	TD	☐ Delete	TITLE	<del></del>	·	☐ Change	Addition	
NAME	DIXON, LOIS D		NAME					
STREET ADDRESS	2155 LOIS LANE		STREET ADDRESS					
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP	·				
TITLE	SD DAGE HOOFFILE	☐ Delete	TITLE			Change	☐ Addition	
NAME	PACL, JOSEPH		NAME					
STREET ADDRESS CITY-ST-ZIP	1307 HUNTINGTON LANE ROCKLEDGE FL 32955		STREET ADDRESS CITY-ST-ZIP				}	
TITLE	TOOKEEDGE TE GESGS	□ Delete	TITLE		· ··	Change	☐ Addition	
NAME	1		NAME			Onungo		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME	1		NAME					
STREET ADDRESS			STREET ADDRESS		•			
CITY-ST-ZIP			CITY-ST-ZIP					
TO I hereby o	certify that the information supplied with the	nis tilina does not qualify for th	se exemption stated in S	section 119 (17(3)(i). Flori	da Statutes, I further certi:	u that the in	tormation	

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 eath; 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 the empowered.

**SIGNATURE:**