

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F80735

1. Entity Name

SPACECOAST SECURITY, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90101 025 ***158.75

Principal Place of Business

Mailing Address

8850 BROWN CIRCLE (CAPE CANAVERAL FL)
P.O. BOX 321363 COCOA BCH. FL
COCO A BEACH FL 32932-8363

8850 BROWN CIRCLE (CAPE CANAVERAL FL)
P.O. BOX 321363 COCOA BCH. FL
COCO A BEACH FL 32932-1363

637126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2852902

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, JOYCE
234 CHANDLER STREET 234 CHANDLER ST.
CAPE CANAVERAL FL 32920

Name

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

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMILTON, NELSON	
STREET ADDRESS	8850 BROWN CIRCLE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMILTON, JOYCE	
STREET ADDRESS	8850 BROWN CIRCLE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)