

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90039 036 ***158.75

DOCUMENT # F80735

1. Entity Name

SPACECOAST SECURITY, INC.

Principal Place of Business

8850 BROWN CIRCLE (CAPE CANAVERAL FL)
~~P.O. BOX 321363 COCOA BCH. FL.~~
~~COCOA BEACH FL 32932-9363~~

Mailing Address

8850 BROWN CIRCLE (CAPE CANAVERAL FL)
~~P.O. BOX 321363 COCOA BCH. FL.~~
~~COCOA BEACH FL 32932-9363~~

2. Principal Place of Business

8830 BROWN CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

8830 BROWN CIRCLE

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FL.

City & State

CAPE CANAVERAL, FL

4. FEI Number

59-2852902

Applied For

Not Applicable

Zip
32920

Country

BREVARD

Zip

32920

Country

BREVARD

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
239 CHANOLER 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, 2001 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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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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: *Joyce Hamilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYCE HAMILTON SEC/TREAS

03/20/01

Date

321-784-0046

Daytime Phone #

CR2E034 (10/00)