

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90305 046 ***150.00

DOCUMENT # F98000003145

1. Entity Name
BAF SATELLITE & TECHNOLOGY CORPORATION

Principal Place of Business

**200 S HARBOUR CITY BLVD
 201
 MELBOURNE FL 32935**

Mailing Address

**200 S HARBOUR CITY BLVD
 201
 MELBOURNE FL 32935**

2. Principal Place of Business

200 S. HARBOR City Blvd.

Suite, Apt. #, etc.

SUITE 201

City & State
MELBOURNE, FL

Zip
32901

Country

3. Mailing Address

200 S. HARBOR City Blvd.

Suite, Apt. #, etc.

SUITE 201

City & State
MELBOURNE, FL

Zip
32901

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3397978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LYERLY, ROBERT M ESQ
 202 N. HARBORY CITY BLVD., STE 300
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **Richard E. Torpy ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
202 N. HARBOR City Blvd.,

SUITE 300

City **MELBOURNE**

FL

Zip Code
32935

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 **Richard E. Torpy ESQ.**

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

(NOTE: Registered Agent signature required when reinstating)

4/12/01

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

TITLE **PSDC** ☐ Delete
 NAME **VAUTROT, JAMES E**
 STREET ADDRESS **200 SOUTH HARBOUR CITY BLVD STE 201**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VTD** ☐ Delete
 NAME **COOPER, I WAYNE**
 STREET ADDRESS **200 SOUTH HARBOUR CITY BLVD STE 201**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

JAMES E. VAUTROT

4/11/01

Date

321-729-8200

Daytime Phone #

CR2E034 (10/00)