2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

H43279 **DOCUMENT#**



FILED Apr 07, 2003 8:00 am secretary of State

Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Se. Tee Required Se. Certificate of Status Desired Se. Tee Required Se. Tee Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of New Registered Agent Street Agent S	CINDY LO	DU FLEET, INC.			04-07-2003 90746 00	06 ***150.00	
Suite, Apt #, etc. City & State City & State City & State City & State Country Applied For Next	720 SCALLOP DRIVE 727 SCALLOP DRIVE		720 SCALLOP DRIVE		T NEW THE RESERVE OF		
City & State Country S. Certificate of Status Desired \$8.75 Additional \$8.75	2. Principal Place of Business		3. Mailing Address			H BIBIK BIBIK BIBIK BIBIK 1991	
Note Applicable September	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
SCOTT, ALLEN C.D., II 727 SCALLOP DR. CAPE CANAVERAL FL 32920 8. The above named entity supmits this statement for the purpose of changing its registered Agent expansion required who nativation in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FELE \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE ROSEN, JONATHAN P 302 FIFTH AVE. OTH-ST-2P NEW YORK NY Debte NAME SMET ADDRESS OTH-ST-2P NEW YORK NY Debte NAME SITET ADDRESS OTH-ST-2P NEW YORK NY Debte NAME SITET ADDRESS OTH-ST-2P NEW YORK NY Debte NAME SITET ADDRESS OTH-ST-2P NEW YORK NY Debte NAME ASS NICEN, SRENDA E NAME NAME NICEN, SRENDA E NEW YORK NY Debte NEW YORK NY Debte NAME NICEN, SRENDA E NEW YORK NY Debte NEW YORK NY Debte NAME NAME NAME NAME NICEN, SRENDA E NEW YORK NY Debte NAME N	City & State		City & State		4. FEI Number 59-2498032	Applied For Not Applicable	
SCOTT, ALLEN C.O.,III: 727 SCALLOP DR. CAPE CANAVERAL FL 32920 City FL Zip Code City FL Xip Code City FL Zip Code Ci	Zip ·			Country			
TOTAL CAPE CANAVERAL FL 32920 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. I am farmiliar with, and accept the obligations of registered digners. SIGNATURE Signature, types or private remark of registered digners. PCTE Registered Agent signature required when reliability		6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Ag	gent	
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. I am familiar with, and accept the colligations of registered agent. SIGNATURE	727 SCALLOP DR.				Street Address (P.O. Box Number is Not Acceptable)		
SIGNATURE Signature Signa				City	FL	Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ROSEN, JONATHAN P ROSEN, J		il	nd title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	After	May 1, 2003 Fee will be \$550.00	State				
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NEW YORK NY TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE	10.		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ 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 607, 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:

SUGIONIUM ROUPE Brenda E. Nugen SIGNATURE AND TYPED OR PRINTED NAME OF SANING OFFICER OR DIRECTOR

4-1-03 Date

321-799-2860

Daytime Phone #