

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90432 027 ***150.00

DOCUMENT # H62895

1. Entity Name

435 CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
435 FOOTMAN LANE

Suite, Apt. #, etc.

3. Mailing Address
435 FOOTMAN LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MERRITT ISLAND, FL

City & State
MERRITT ISLAND, FL

4. FEI Number
59-2544341

Applied For
Not Applicable

Zip
32952

Country
BREVARD

Zip
32952

Country
BREVARD

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EUGENE K. BJERNING

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

City
MERRITT ISLAND FL Zip Code
32952

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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
PATRICIA BJERNING
435 FOOTMAN LANE
MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
EUGENE K. BJERNING
435 FOOTMAN LANE
MERRITT ISLAND, FL 32952

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Bjerning - Patricia Bjerning* 4/29/02 321-453-5258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #