

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-27-2002 90434 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>H76952</u>			
1. Entity Name <u>CANAVERAL SERVICES, INC.</u> ✓			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>6150 N. ATLANTIC</u> Suite, Apt. #, etc.		3. Mailing Address <u>6150 N. ATLANTIC</u> Suite, Apt. #, etc.	
City & State <u>CAPE CANAVERAL FL</u>		City & State <u>CAPE CANAVERAL FL</u>	
Zip <u>32920</u>	Country <u>BERMUDA</u>	Zip <u>32920</u>	Country
4. FEI Number <u>59-2594472</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>SHARON WARNER</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>300 COLUMBIA 1301</u>			
City <u>CAPE CANAVERAL, FL</u>		FL	Zip Code <u>32920</u>
B. 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 UBR if applicable. (NOT: Registered Agent signature required when reissuing)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$500.00 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 <u>DP WARNER SHARON</u> <u>300 COLUMBIA 1301</u> <u>CAPE CANAVERAL, FL</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>DUP</u> <u>COWAN DEXTER</u> <u>8505 N. ATLANTIC</u> <u>CAPE CANAVERAL, FL</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(b), 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: <u>[Signature]</u>		04-30-02 321799-2508	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E0348 (12/01)