

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41260

1. Entity Name

WEST MELBOURNE INDUSTRIAL CENTER, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90046 020 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O H. WILLIAM THORNBURG 225 CAMPBELL DRIVE WEST MELBOURNE FL 32904	Mailing Address C/O H. WILLIAM THORNBURG 225 CAMPBELL DRIVE WEST MELBOURNE FL 32904-3728
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3110154	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THORNBURG, H. WILLIAM 225 CAMPBELL DRIVE WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent
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 _____ (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, 2000 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	PD
NAME	THORNBURG, H. WILLIAM
STREET ADDRESS	225 CAMPBELL DR.
CITY-ST-ZIP	WEST MELBOURNE FL
TITLE	VD
NAME	COBB, FORREST
STREET ADDRESS	275 CAMPBELL DR.
CITY-ST-ZIP	WEST MELBOURNE FL
TITLE	TD
NAME	TARANTO, VINCENT
STREET ADDRESS	360 E FRANKLYN AVE.
CITY-ST-ZIP	INDIALANTIC FL
TITLE	SD
NAME	PITTMAN, GEORGE H JR
STREET ADDRESS	1490 COUNTRY CLUB DR. NE
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: H. William Thornburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2000 321 724-1100

CR2E034 (9/99)