

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97568

1. Entity Name

CANAVERAL INDUSTRIES, INC.

Principal Place of Business

166 CENTER ST
CAPE CANAVERAL FL 32920
US

Mailing Address

166 CENTER ST
CAPE CANAVERAL FL 32920
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BEALS, ROBERT E
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name ~~BEALS, ROBERT E~~
Street Address (P.O. Box Number is Not Acceptable)
201 N. RIVER SIDE DRIVE
SUITE "B"
City INDIAN LANTIC FL Zip Code 32903

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) ☐

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	DP	<input type="checkbox"/> Delete
NAME	HRADESKY, E. L.	
STREET ADDRESS	124 ST CROIX AVE.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN J	
STREET ADDRESS	1370 YORK CIR	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EMORY, J. E.	
STREET ADDRESS	5120 PINTAIL LANE	
CITY-ST-ZIP	MERRITT ISL. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCARA, R. C.	
STREET ADDRESS	580 HIDDEN HOLLOW	
CITY-ST-ZIP	MERRITT ISL. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZACCARO, T. W.	
STREET ADDRESS	325 S. BANANA RIVER DR.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90035 007 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)