

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001818

FILED
Apr 29, 2003
Secretary of State

Entity Name: SPACE COAST MOPAR CLUB, INC.

Current Principal Place of Business:

P.O.BOX 307
MELBOURNE, FL 329020307

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 307
MELBOURNE, FL 329020307

New Mailing Address:

FEI Number: 59-3719246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNER, JOHN S
1059 HIBISCUS ST
PORT ST JOHN, FL 329278737 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARNER, JON S
Address: 1059 HIBISCUS ST
City-St-Zip: PORT ST JOHN, FL 329278737

Title: V () Delete
Name: KNERR, LARRY
Address: 2315 COUNTRY CLUB RD
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: HANCOCK, WANDA
Address: 1714 MOSSWOOD DR
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: JAMESON, GENE
Address: 2527 BOYD
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: HANCOCK, PETE
Address: 1714 MOSSWOOD DR
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: WILLIAMS, MARK
Address: 6305 BANYAN ST
City-St-Zip: PORT ST JOHN, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KNERR, SUZANNE
Address: 2315 COUNTRY CLUB RD
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA HANCOCK

T

04/29/2003

Electronic Signature of Signing Officer or Director

Date