

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002404

1. Entity Name

SPACE COAST COMPETITION PADDLERS, INC.

Principal Place of Business

219 OCEAN BLVD.
SATELLITE BEACH FL 32837

Mailing Address

219 OCEAN BLVD.
SATELLITE BEACH FL 32837

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3716086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTER, DENNIS
757 WHITMIRE DR.
MELBOURNE FL 32835

7. Name and Address of New Registered Agent

Name

DENNIS BEEK

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

219 OCEAN BOULEVARD

City

SATELLITE BEACH

FL

Zip Code

32937

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

Dennis Beek DENNIS BEEK

APRIL 8, 02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
DENNIS BEEK - D
219 OCEAN BOULEVARD
SATELLITE BEACH, FL 32937

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TREASURER
GROVER BROWER - D
142 ISLAND VIEW DR.
INDIAN HARBOR BCH, FL 32937

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FL ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TRUSTEE
DENNIS PORTER - T
757 WHITMIRE DR.
MELBOURNE, FL 32935

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Dennis Beek May 2, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DENNIS BEEK 321-636-2377

Ext. 350

CORRECTIONS

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

04-17-2002 90007 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (3/01)