

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003222

1. Entity Name

SPACE COAST JET RIDERS, INC.

Principal Place of Business

78 SW IRWIN AVE
W MELBOURNE FL 32904

Mailing Address

78 SW IRWIN AVE
W MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGANO, ALBERT S
551 S APOLLO BLVD, SUITE 103
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SMITH, CURT ☐ Delete
STREET ADDRESS 78 SW IRWIN AVE
CITY-ST-ZIP W MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME CHARSHAFIAN, RICK
STREET ADDRESS 78 SW IRWIN AVE
CITY-ST-ZIP W MELBOURNE FL 32904

TITLE ☒ Change ☐ Addition
NAME DAN OLIVER
STREET ADDRESS 78 S.W. IRWIN AVE
CITY-ST-ZIP W. MELBOURNE, FL 32904

TITLE SD ☐ Delete
NAME POPE, JONELL
STREET ADDRESS 78 SW IRWIN AVE
CITY-ST-ZIP W MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME KEREKES, JOHN
STREET ADDRESS 78 SW IRWIN AVE
CITY-ST-ZIP W MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: JOHN KEREKES 02/13/02 (321) 242-3096



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)