

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90004 046 *****70.00

DOCUMENT # N11613

1. Entity Name

NAMI SPACE COAST, INC.

Principal Place of Business

**1770 CEDAR ST
 ROCKLEDGE FL 32955
 US**

Mailing Address

**1770 CEDAR ST
 ROCKLEDGE FL 32955
 US**

2. Principal Place of Business

1770 CEDAR STREET

3. Mailing Address

1770 CEDAR STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FLORIDA

Zip

32955

City & State

ROCKLEDGE, FLORIDA

Zip

32955

4. FEI Number

59-2690533

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BERGERON, HAZEL
 1072 MADRID RD
 ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name

FREDA-SCHILDROTH

Street Address (P.O. Box Numbers Not Acceptable)

1955 PORPOISE STREET

City

MERRITT ISLAND

FL

Zip Code
32952

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

Theresa Engravid

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

TITLE **PD** ☒ Delete
 NAME **BERGERON, HAZEL**
 STREET ADDRESS **1072 MADRID RD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **T** ☐ Delete
 NAME **ENGRAVIDO, TERRY**
 STREET ADDRESS **3325 DARYL TERRACE**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE **VD** ☒ Delete
 NAME **SCHILDROTH, FREDA**
 STREET ADDRESS **1955 PORPOISE STREET**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **2VD** ☒ Delete
 NAME **SMITH, PATTI**
 STREET ADDRESS **235 E. CRISAFULLI ROAD**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **SCHILDROTH, FREDA**
 STREET ADDRESS **1955 PORPOISE STREET**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE **MERRITT ISLAND, FLORIDA** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
 NAME **SMITH, PATTI**
 STREET ADDRESS **235 E. CRISAFULLI ROAD**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE **2VD** ☒ Change ☐ Addition
 NAME **O'LEAR, GEORGE**
 STREET ADDRESS **4104 LAS CRUCES**
 CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Change ☐ Addition
 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:

Theresa Engravid
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

(321) 453-0163

Date

Daytime Phone #

CR2E037 (10/00)