2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11613

NAMI SPACE COAST, INC.

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90175 009 ****70.00

Principal Place of Business 1770 CEDAR ST ROCKLEDGE FL 32955 US		Mailing Address 1770 CEDAR ST ROCKLEDGE FL 32955 US						
					ii i ii a:a a ii a i (i a: a iii ai i)	611, 91 8 11 61611 918	D 44404 1444	
2. Principal F	Place of Business	3. Mailing Address	 -					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. FEI Number 5	9-2690533	<u> </u>	plied For of Applicable	
Zip Country		Zip	Zip Country		tatus Desired	\$8.75 Add		
6. Name and Address of Current		Registered Agent	ered Agent		7. Name and Address of New Registered Agent			
			Name					
SCHILDROTH, FREDA 1955 PORPOISE STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)				
MERRITT ISLAND FL 32952					-			
			City	-	FI	Zip Code	e	
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office or	registered agent, or both, in				
ǵGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F 9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be		ck Payable		
		. I rust Fund Col	nunguuon.	☐ Added to Fees	Departm	ent of State	•	
10.	OFFICERS AND DIS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHILDROTH, FREDA 1955 PORPOISE STREET MERRITT ISLAND FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGRAVIDO, TERRY 3325 DARYL TERRACE TITUSVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Engravido, ' 1337C Cheney Titusville.	y Hwy.	Change	Addition	
TITLE NAME STREET ADDRESS	VD SMITH, PATTI 235 CRISAFULLI ROAD	Delete	TITLE NAME STREET ADDRESS	VD Wimmer, Tri 7649 Candle	sh	☐ Change	Addition	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	Melbourne,		_ .		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	0' LEAR, GEORGE 4104 LAS CRUCES ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Stokes, Phi 1928 Malaba	r Lakes Dri		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Palm Bay, F	1432303-446	Change	Addition	

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.

NAME OF SIGNING OFFICER OR DIRECTOR