

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14795

1. Entity Name

SPACE COAST POPS, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90018 047 ****70.00

Principal Place of Business

2150 LAKE DR.
 COCOA FL 32926

Mailing Address

P.O. BOX 3344
 COCOA FL 32924

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

59-2678234

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

WALKER, VERA W.
 28 MITCHELL ST. E.
 COCOA FL 32922

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
After September 13, 2000 min. will be \$236.25

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 VD
 NAME CHRIST, O.J.W.
 STREET ADDRESS 2150 LAKE DR.
 CITY-ST-ZIP COCOA FL 32926 ☐ Delete

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

TITLE SD
 NAME MLODZIANOWSKI, RUTH
 STREET ADDRESS 2515 HERITAGE DRIVE
 CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

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

TITLE T
 NAME GALDA, SUSIE
 STREET ADDRESS 6800 N. COCOA BLVD #4307
 CITY-ST-ZIP COCOA FL 32926 ☒ Delete

TITLE T
 NAME NAME
 STREET ADDRESS STREET ADDRESS
 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☒ Addition
 TREASURER
 BETTY ARMISTEAD
 56 VALENCIA RD.
 ROCKLEDGE, FL 32955

TITLE D
 NAME WALKER, VERA W
 STREET ADDRESS 28 MITCHELL ST E
 CITY-ST-ZIP COCOA FL 32922 ☐ Delete

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

TITLE P
 NAME MASTERS, NOLAN
 STREET ADDRESS 3935 ST ARMENS CIRCLE
 CITY-ST-ZIP MELBOURNE FL 32934 ☐ 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 ☐ 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)(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:

Michael J. Christ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00 321-632-9010
 Daytime Phone #

CR2E037 (5/00)