

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2001 8:00 am**  
**Secretary of State**

06-18-2001 90002 012 \*\*\*\*\*61.25

**DOCUMENT # N14795**

1. Entity Name

**SPACE COAST POPS, INC.**



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

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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **MASTERS, NOLAN**  
 CITY-ST-ZIP **3935 ST ARMENS CIRCLE  
 MELBOURNE FL 32934**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **ARMISTEAD, BETTY**  
 CITY-ST-ZIP **56 VALENCIA RD  
 ROCKLEDGE FL 32955**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

**SIGNATURE: O.J.W. CHRIST 6/11/01 321-632-9010**