2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2001 8:00 am [§] DOCUMENT # N17021 Secretary of State 1. Entity Name FLORIDA SPACE BUSINESS ROUNDTABLE, INC. 02-21-2001 90019 013 ****70.00 Principal Place of Business Mailing Address PO BOX 273 400 FORTENBERRY RD. CAPE CANAVERAL FL 32920 MERRITT ISLAND FL 32952 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2848680 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MARSHALL, BYRD E., JR. 201 E PINE ST S1200 Zip Code ORLANDO FL 32802 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition PDC TITLE ☐ Delete TITLE GARDNER, WINSTON NAME NAME STREET ADDRESS 874 DIXON BLVD. STREET ADDRESS CITY-ST-ZIP COCOA FL 32922-5809 CITY-ST-ZIP Addition **VDVC** TITI F reasurer TITLE BYRON, JOHN L. -reg Moore NAME NAME . 90 N. Orange Aveo, Suite 1300 Plando, FC 32801 158 ST. CROIX AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL ☐ Addition TITLE BRANDOW, HEIDI NAME NAME 400 FORTENBERRY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** Change Addition TITLE ☐ Delete TITLE BRANDOW, HEIDI NAME NAME 400 FORTENBERRY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.