Amended

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 24 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28875

1. Entity Name
4th Street Condominium Association, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6850 North Atlantic Ave. | 6850 North Atlantic Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Cape Canaveral, Florida | City & State: Cape Canaveral, Florida |
| Zip: 32920 Country: USA | Zip: 32920 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3075431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Patel Yogeshkumar

Street Address (P.O. Box Number is Not Acceptable): 6850 North Atlantic Avenue

City: Cape Canaveral FL Zip Code: 32920

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patel Yogeshkumar, President ✓ 12/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE: ~~President~~ & Director<br>NAME: Patel Yogeshkumar<br>STREET ADDRESS: 6850 North Atlantic Avenue<br>CITY-ST-ZIP: Cape Canaveral, Florida 32920 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: Treasurer & Director<br>NAME: David Tipton<br>STREET ADDRESS: 550 S. Brevard Ave., Cocoa Beach, Florida 32931<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: Secretary & Director<br>NAME: Michael Dyer<br>STREET ADDRESS: 442 S. Atlantic Ave., #1, Cocoa Beach, Florida 32931<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: Director<br>NAME: Kyle Campbell<br>STREET ADDRESS: 442 S. Atlantic Ave., #3, Cocoa Beach, Florida 32931<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
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12/24/03--01087--002 **61.25

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Patel Yogeshkumar, President ✓ 12/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #