

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003413

1. Entity Name

SPACE COAST REACT, INC. TEAM #4577

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90068 031 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 360292
MELBOURNE FL 32936-0292

P.O. BOX 360292
MELBOURNE FL 32936-0292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2436868

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POWER, KAREN
2949 GARDEN TERR. NE
PALM BAY FL 32905

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME YOUNG, WALT
STREET ADDRESS 1220 JAMINE DR
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

TITLE PD
NAME FORD, ROYCE
STREET ADDRESS 3262 BRENTWOOD LANE
CITY-ST-ZIP MELBOURNE, FL 32934 ☒ Change ☐ Addition

TITLE VD
NAME FORD, ROYCE
STREET ADDRESS 3262 BRENTWOOD LN
CITY-ST-ZIP MELBOURNE FL 32934 ☐ Delete

TITLE VD
NAME BODINE, B ROBERT
STREET ADDRESS 1252 RIDGEWOOD AVE
CITY-ST-ZIP MELBOURNE FL 32935 ☒ Change ☐ Addition

TITLE SD
NAME HOLSHOE, STANLEY
STREET ADDRESS 356 PATRICK CIRCLE
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE SD
NAME YOUNG, WALT
STREET ADDRESS 1220 JASMINE ST
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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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: *Karen A. Power*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

4321-777-9195

Daytime Phone #

CR2E037 (9/99)