2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900004771

1. Entity Name

FLORIDA COMMERCIAL SPACE FINANCING CORPORATION

100 SPACEPORT WAY CAPE CANAVERAL FL 32920-4003

Principal Place of Business

Mailing Address

100 SPACEPORT WAY

CAPE CANAVERAL FL 32920-4003

FILED Feb 08, 2001 8:00 am Secretary of State

02-08-2001 90053 025 ****61.25

Of the Contract of		•									
				<u>.</u>							
	ace of Business	3. Mailing Address 1311 N. U.S. Hwy. 1						}			
1311 North U.S. Hwy. 1 Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
Suite 129		Suite 129			SONO! WINE IN THIS GIVE						
City & State		City & State			. FEI Numbe	ADDIJED EOD	γ	Ap	plied For]	
Titusville. FL		Titusville, FL			APPLIED FOR Not Applica]_	
Zip Country		Zip Country		5	5. Certificate of Status Desired S8.75 Additiona						
3279	6 Brevard	32796	Brevard	-				ee Require	d 	4	
	6. Name and Address of Current Re	Name	7. Name and Address of New Registered Agent								
.				Hand							
DOVE, JO	YCE S		Street Ad	ddress (P.C	(P.O. Box Number is Not Acceptable)						
	DSDEN ST									1	
SUITE 3								T = 5"		4	
TALLAHA	SSEE FL 32301		City		•		FL	Zip Cod	e	ł	
8. The above	named entity submits this statement for t	he purpose of changing its	realstered office or	registered	agent, or bot	h, in the state of Florid	a.			1	
			ŭ	_	•						
		•									
SIGNATURE.		. D		- reinstation		DATE					
	Signature, typed or printed name of registered agent and	title ir applicable. (NOTE	Registered Agent signatu	are required who	en reinstating)		DATE			֡֡֡֝֡֡֡֡֡֡֡֡֡	
	FILE NOW:			\$5.00 i Added to			rtment o	ayable to)		
	FEE IS \$61.25	Trast t and Contribu	ution	Added to	1 663	Depa	i fiiiciit c	n State			
10.	OFFICERS AND DIRE	CTORS	11.	ADI	DITIONS/CHA	ANGES TO OFFICERS	AND DIRE	CTORS IN	10]_	
TITLE	D	☐ Delete	TITLE	Dire	ector			☐ Change	Addition	0	
NAME	BLAKESLEE, MARY HELEN		NAME	-	can, To	om				140	
STREET ADDRESS	2001 THE CAPITOL		STREET ADDRESS			nee Street	MS-4	16		5	
CITY-ST-ZIP	TALLAHASSEE FL 32399		CITY-ST-ZIP	Tall	ahass	e, FL 32	399-(1450_	 .	Į į	
TITLE	D	☐ Delete	TITLE		ector			Change	Addition	5	
NAME	KOCOUREK, TODD G		NAME STREET ADDRESS			ısan H.					
STREET ADDRESS CITY-ST-ZIP	1242 NORTH DUVAL STREET		CITY-ST-ZIP			Laura Stre					
	TALLAHASSEE FL 32303 DP		-			lle, FL 3	2202	Change	Addition	1	
TITLE NAME	MORRIS, RON	☐ Delete	TITLE NAME		ector				A Addition		
STREET ADDRESS	499 NW 70TH AVE-STE 110		STREET ADDRESS	1	on, W	_					
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP			Park Ave.	201				
TITLE	D	Delete	TITLE			ee, FL 32	 	☐ Change	Addition	1	
NAME	DUNGAN, TRAVIS	7	NAME		ector	Charles					
STREET ADDRESS	605 SUWANNEE STREET		STREET ADDRESS			n Patrick	Drive	2			
CITY-ST-ZIP	TALLAHASSEE FL 32399		CITY-ST-ZIP			rbor Beach			37	╛	
TITLE	D	☐ Delete	TITLE		sident		,	☐ Change	Addition		
NAME	MOORE, GREG		NAME		ry, Ja						
STREET ADDRESS	390 N. ORANGE AVE-STE 1300		STREET ADDRESS			.s. Hwy. 1	. Su	ite 1	29		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP			e, FL 327	0.6			\dashv	
TITLE	D ANDERSON IOUN	Delete	TITLE			-,	- -	☐ Change	☐ Addition		
NAME OTRECT ADDRESS	ANDERSON, JOHN		NAME STREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP	390 N. ORANGE AVE-STE 1300		CITY-ST-ZIP								
OUT 1 - OT - TIL	ORLANDO FL 32801			l) Florida Statutes I fu				4	

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 AND TYPED OR POINTED NAME OF SCHING OFFICE OR PRINCE

James D. Leary, President

321-730-530

Daytime Phone #