

## 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90010 038 \*\*\*150.00

DOCUMENT # P00000013751

Entity Name

MEN ON A MISSION, INCORPORATED

Principal Place of Business

Mailing Address

~~416 SCHOOL ROAD~~~~416 SCHOOL ROAD~~~~UNIT 107~~~~UNIT 107~~~~INDIAN HARBOUR FL 32937~~~~INDIAN HARBOUR FL 32937~~

2. Principal Place of Business

2701 GOLVIEW DRIVE

3. Mailing Address

P.O. Box 396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Melbourne, FL

City &amp; State

Melbourne, FL

Zip

32901

Country

USA

Zip

USA

Country

32902-0396

4. FEI Number

59-3624963

Applied For

Not Applicable

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

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

2701 GOLVIEW DRIVE

City

Melbourne

FL

Zip Code

32901

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Chris A. Roesner	
STREET ADDRESS	2701 GOLVIEW DR.	
CITY-ST-ZIP	Melbourne, FL 32901	

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris A. Roesner	
STREET ADDRESS	2701 GOLVIEW DR	
CITY-ST-ZIP	Melbourne, FL 32901	

TITLE	V.P., SEC., TREASURER	<input type="checkbox"/> Delete
NAME	TERRY E. GREEN	
STREET ADDRESS	2701 GOLVIEW DR.	
CITY-ST-ZIP	Melbourne, FL 32901	

TITLE	V.P., SEC., TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY E. GREEN	
STREET ADDRESS	2701 GOLVIEW DR.	
CITY-ST-ZIP	Melbourne, FL 32901	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher A. Roesner, Pres. 4/13/01 - 321.956-6911

CR2E034 (10/00)