## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

Principal Place of Business

MELBOURNE FL 32901

100 RIALTO PLACE, SUITE 700

P00000014644

Mailing Address

MELBOURNE FL 32901

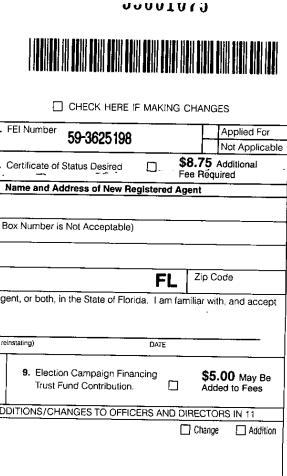
100 RIALTO PLACE. SUITE 700

1. Entity Name

SPACE COAST BUILDERS AND CONTRACTORS, INC.



## **FILED** Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90102 001 \*\*\*300.00



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Principal Place of Business     3. Mailing Addres										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City & State				4. FEI Number 59-3625198			Applied For	
Zip	Country	Zip				5. Certificate of Status Desired [	\$	¢0.75		
	<ol><li>Name and Address of Currer</li></ol>	nt Registere	d Agent			7. Name and Address of New Regis				
PALACIOS, FERNANDO M 100 RIALTO PLACE, SUITE 700 MELBOURNE FL 32901					Name Street Address (P.O. Box Number is Not Acceptable)					
MELBOU	KNE FL 32901			City			FL	Zip Co	de	
8. The above	e named entity submits this statement	for the purpo	ose of changing its	L registered office	or registered	agent, or both, in the State of Florida.	1	-25 - 24		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if appli		Registered Agent sig			DATE	·	, and accept	
Afte Make Checi 10.	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department (	of State				<ol> <li>Election Campaign Financir Trust Fund Contribution.</li> </ol>	ng 🗀	<b>\$5.0</b> Adde	00 May Be d to Fees	
	OFFICERS AND	DIRECTOR	<del></del>	11.		ADDITIONS/CHANGES TO OFFICERS	O DIA 8	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	PARADIS, GERALD F 100 RIALTO PLACE, SUITE 700 MELBOURNE FL 32901	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	<del></del>		] Change	☐ Addition	
TITLE NAME STREET ADDRESS .: CITY-ST-ZIP	VP CAVALIERE, LARRY ~100-RIALTO-PLACE, SUITE-700 MELBOURNE FL 32901		☐ Delete	TITLE NAME				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 NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	artify that the information augustical with	their filting	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		n 119.07(3)(i), Florida Statutes. I furthe		Change	Addition	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information 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 Block 11 if

SIGNATURE:

SIGNATUE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #