

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000112417**

1. Entity Name

SPACE STATION 1, INC**FILED**
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90041 042 ***150.00

Principal Place of Business

Mailing Address

5101 ARLINGTON RD
COCOA FL 329275101 ARLINGTON RD
COCOA FL 32927

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2. Principal Place of Business

3. Mailing Address

Space Station 1, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

926 Fay Blvd.

City & State

City & State

Cocoa, Florida

Zip

Country

Zip

Country

32927**United States****59-36**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3685741

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

SPACE, DAWN
5101 ARLINGTON RD
COCOA FL 32927

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

Dawn Space

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 2, 20019. 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 **D** ☐ Delete
NAME **SPACE, GLENN**
STREET ADDRESS **5101 ARLINGTON RD**
CITY-ST-ZIP **COCOA FL 32927**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SPACE, DAWN**
STREET ADDRESS **5101 ARLINGTON RD**
CITY-ST-ZIP **COCOA FL 32927**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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

Business 638-0479
April 2, 2001 Home 638-3830

Date

Daytime Phone #

CR2E034 (10/00)