

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

DOCUMENT # P00000117392

1. Entity Name
100 W. LUCAS ROAD, INC.



Principal Place of Business
100 LUCAS ROAD
MERRITT ISLAND, FL 32953

Mailing Address
4100 N. WICKHAM RD
102
MELBOURNE, FL 32935



2. Principal Place of Business

3. Mailing Address
100 West Lucas Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032004

Chg-P

CR2E034 (10/03)

MRS

City & State

City & State
Merritt Island, Florida

4. FEI Number
59-3688327

Applied For
Not Applicable

Zip Country

Zip Country
32952 USA

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

SACARISEN, STEPHEN
100 LUCAS ROAD
MERRITT ISLAND, FL 32953

Name
Hiram Nieves

Street Address (P.O. Box Number is Not Acceptable)
100 West Lucas Road

City Merritt Island FL Zip Code 32953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

7-31-04

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME SACARISEN, STEPHEN
STREET ADDRESS 100 W. LUCAS RD.
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE President & Director ☒ Change ☒ Addition
NAME Hiram Nieves
STREET ADDRESS 100 W. Lucas Road, Merritt Isl, Fl 32952

TITLE DST ☒ Delete
NAME SACARISEN, MARIANNE
STREET ADDRESS 100 W. LUCAS ROAD
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE ☐ Change ☐ Addition
NAME 900040644749
STREET ADDRESS 08/30/04--01068--016 **\$61.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 607, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-04

Date

Daytime Phone #