FILED
Feb 21, 2003 8:00 am
Secretary of State
01-16-2003 90070 024 ****61.25
02-21-2003 90838 015 ****88.75

800036936

Amended **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** **Amended

DOCUMENT # P00000 11 7392

1. Entity Name
100 W. Lucas Road, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 W. Lucas Road
Suite, Apt. #, etc.
City & State: Merritt Island, FL MS
Zip: 32953 MS County: Brevard

3. Mailing Address
4400 N. WICKHAM RD MS
Suite, Apt. #, etc. 102 MS
City & State: MELBOURNE, FL MS
Zip: 32935 MS County: Brevard

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3688327 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Stephen Sacarisen
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.
SIGNATURE: [signature] 1/9/03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Required 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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and President Stephen Sacarisen 100 W. Lucas Road Merritt Island, Florida 32953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and Secretary & Treasurer Marianne Sacarisen 100 W. Lucas Road Merritt Island, Florida 32953
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TITLE / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #