

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90635 019 ***150.00

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1. Entity Name
SPACE COAST NATIONAL MARKETING, INC.

Principal Place of Business
8221-1 HARDWOOD LANDING ROAD
ST AUGUSTINE FL 32092

Mailing Address
PO BOX 15226
DAYTONA BEACH FL 32115



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3701601

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BAAL, SUSANNE V
1078 KINGSWOOD WAY
DAYTONA BEACH FL 32119

Name

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

City Port Orange FL Zip Code 32129

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVT ☐ Delete
NAME BAAL, SUZANNE V
STREET ADDRESS 1078 KINGSWOOD WAY
CITY-ST-ZIP DAYTONA BEACH FL 32119

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

TITLE D ☐ Delete
NAME HARRIMAN, DAVID R
STREET ADDRESS 8221-1 HARDWOOD LANDING ROAD
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

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

TITLE D ☒ Delete
NAME HARRIMAN, DAVID R II
STREET ADDRESS 66 SEAWINDS CIRCLE
CITY-ST-ZIP PONCE INLET FL 32127

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: Susanne V. Baal 3/21/03 386-304-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #