NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 27, 2003 8:00 am
Secretary of State

04-29-2003 90072 044 ****70.00
05-27-2003 90162 004 ****80.00

DOCUMENT # P01000017877

1. Entity Name
SPACE COAST ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9435 Delegates Dr.	2212 S. Chickasaw Trail
Suite, Apt. #, etc. #143	Suite, Apt. #, etc. #301
City & State Orlando	City & State Florida
Zip 32837 Country Orange	Zip 32825 Country Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3521095 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: James M. Fite

Street Address (P.O. Box Number is Not Acceptable)
9435 Delegates Dr. #143

City: Orlando FL Zip Code 32837

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Fite, James M
STREET ADDRESS	9435 Delegates Dr. #143
CITY-ST-ZIP	Orlando FL 32837
TITLE	D
NAME	Fite, Cecile O.
STREET ADDRESS	9435 Delegates Dr. #143
CITY-ST-ZIP	Orlando, FL. 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.*

SIGNATURE: Cecile O Fite 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #