

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

0018749 AV

DOCUMENT # P02000058359

1. Entity Name
SPACE COAST MARKETING INC.



08-04-2003 90155 044 ***150.00

Principal Place of Business
**365 WILSON AVENUE
SATELLITE BEACH FL 32937**

Mailing Address
**365 WILSON AVENUE
SATELLITE BEACH FL 32937**



2. Principal Place of Business
**100 Rialto Place
Suite, Apt. #, etc.
#716**

3. Mailing Address
**100 Rialto Place
Suite, Apt. #, etc.
#716**

City & State
**Melbourne, FL
Zip 32901 Country USA**

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**Melbourne, FL
Zip 32901 Country USA**

4. FEI Number
45-0479703

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOODBIDGE, AMELIA
365 WILSON AVENUE
SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

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

**100 Rialto Place #716
City Melbourne FL Zip Code 32901**

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: **Amelia Woodbridge**

8/2/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WOODBIDGE, AMELIA**
STREET ADDRESS **365 WILSON AVENUE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Amelia Woodbridge**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/03 321-724-1688
Date Daytime Phone #

CR2E034 (4/03)



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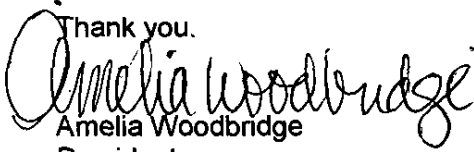
August 1, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is my Uniform Business Report to file with the State of Florida. I am writing to request that the fee be waived as I did not receive this prior to now and as a new company owner, did not realize in January that I needed to file this item. My new address may have contributed to the loss or overlook of the form as well. I appreciate your consideration in this matter.

Thank you.


Amelia Woodbridge
President