

FILED

Jun 09, 2003 8:00 am  
Secretary of State

04-30-2003 90036 022 \*\*\*158.75

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000130194

1. Entity Name  
SPACE COAST & TAX ACCOUNTING SERVICES, INC.Principal Place of Business  
3676 C N WICKMAN ROAD  
MELBOURNE FL 32905Mailing Address  
3676 C N WICKMAN ROAD  
MELBOURNE FL 32905

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

## 4. FEI Number

Applied For

41-2072630

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

MAHON, TIMOTHY K  
2929 E COMMERCIAL BLVD PH E  
FT LAUDERDALE FL 33308

Name

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

City

FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME AMIN, CHETAN H  
STREET ADDRESS 3676 C N WICKMAN ROAD  
CITY-ST-ZIP MELBOURNE FL 32905 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
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CITY-ST-ZIP Change AdditionTITLE  
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CITY-ST-ZIP DeleteTITLE  
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CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2003 321-259-5250  
Date Daytime Phone #

CR2E034 (10/02)