

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0003205 AT

DOCUMENT # P02000131186

1. Entity Name
PINEDA PARK, INC.



04-16-2003 90219 011 ***158.75

Principal Place of Business
3945 PARKWAY DRIVE
MELBOURNE FL 32934

Mailing Address
3945 PARKWAY DRIVE
MELBOURNE FL 32934



2. Principal Place of Business

3. Mailing Address

PO Box 361494

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Melbourne

FL

4. FEI Number

43-1987188

Applied For

Not Applicable

Zip

Country

Zip

Country

32936

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

CAPEDER, STEVEN
3945 PARKWAY DRIVE
MELBOURNE FL 32934

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CAPEDER, STEVEN
3945 PARKWAY DRIVE
MELBOURNE FL 32934

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P, S, T
CAPEDER, STEVEN
3945 Parkway Drive
Melbourne, FL 32934

☒ Change

☐ Addition

TITLE
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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

Signature

4/13/03

(321) 544-3932

Date

Daytime Phone #

CR2E034 (10/02)