

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91838 026 ***150.00

80113614

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

DOCUMENT # P93000015649					
1. Entity Name HAPPENINGS OF PORT ST. JOHN, INC.					
Principal Place of Business 4742 BROOKHAVEN ST COCOA, FL 32927			Mailing Address 4742 BROOKHAVEN ST COCOA, FL 32927		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3171148	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, RANDEL 4742 BROOKHAVEN ST COCOA, FL 32927				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ Signature must be printed name of registered agent, and not a public officer. (NOTE: Registered Agents incur no liability for this statement.)					
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					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
	D	RODRIGUEZ, RANDEL	4742 BROOKHAVEN ST	COCOA, FL 32927	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ 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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all of which I am empowered.					
SIGNATURE: <u>Randel Rodriguez</u> 4-29-03 321-863-7499 SIGNATURE AND TYPE OF PRINT NAME OF SIGNING OFFICER OR DIRECTOR					

CR20134 (11/02)