

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021525

1. Entity Name
CITY SATELLITE, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90543 026 ***150.00

Principal Place of Business
~~860 CHRISTY DRIVE~~
~~PORT ORANGE FL 32119~~

Mailing Address
~~860 CHRISTY DRIVE~~
~~PORT ORANGE FL 32119~~

814775



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2132 Springwater Ln.

3. Mailing Address
2132 Springwater Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Daytona Beach FL

City & State
Daytona Beach, FL.

4. FEI Number 59-3230261

Applied For
Not Applicable

Zip Country
32124

Zip Country
32124

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

~~FULLER, MICHAEL~~
~~860 CHRISTY DRIVE~~
~~PORT ORANGE FL 32119~~

Name
Fuller, Michael
Street Address (P.O. Box Number is Not Acceptable)
2132 Springwater Lane

City Zip Code
Daytona Beach FL 32124

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P ~~FULLER, MICHAEL~~
~~860 CHRISTY DRIVE~~
~~PORT ORANGE FL~~ ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Fuller, Michael
2132 Springwater Lane
Daytona Beach, FL-32124 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Michael Fuller

02/14/01

386-299-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)