

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90064 033 ***150.00

0318162 AV

DOCUMENT # P94000023357

1. Entity Name
NEW YORK EXCHANGE, INC.

Principal Place of Business

**900 N. ATLANTIC AVE
 COCOA BEACH FL 32931**

Mailing Address

**900 N. ATLANTIC AVE
 COCOA BEACH FL 32931**

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 **59-3233284**

Applied For
 Not Applicable

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

**SCHLEGEL, MICHAEL
 750 N ATLANTIC AVE
 1102
 COCOA BEACH FL 32931**

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.

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, 2002 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

T ☐ Delete
 NAME **SCHLEGEL, MICHAEL**
 STREET ADDRESS **125 ESCAMBIA LANE., #305**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

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

P ☐ Delete
 NAME **MELTON, BRIAN**
 STREET ADDRESS **125 ESCAMBIA LANE., #305**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02
 Date

321-784-1574
 Daytime Phone #

CR2E034 (9/01)