

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000066368**

1. Entity Name

ASTRO'S MANAGEMENT CORPORATION

Principal Place of Business

**1213 FRANKLIN DRIVE
PORT ORANGE FL 32119
US**

Mailing Address

**P.O. BOX 291294
PORT ORANGE FL 32129-1294
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3349291

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DESANTIS, NICHOLAS
1213 FRANKLIN DR
PORT ORANGE FL 32119**

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.

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	DESANTIS, NICHOLAS	
STREET ADDRESS	3751 SOUTH NOVA ROAD	
CITY- ST- ZIP	PORT ORANGE FL 32119	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DAVID P	
STREET ADDRESS	3751 SOUTH NOVA ROAD	
CITY- ST- ZIP	PORT ORANGE FL 32119	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LORENA	
STREET ADDRESS	3751 SOUTH NOVA ROAD	
CITY- ST- ZIP	PORT ORANGE FL 32119	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90368 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)