

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90397 031 \*\*\*150.00

**DOCUMENT # P95000075630**

1. Entity Name

**SELECT SPACE COMPANY***SELECT SPACE Logistics Company*

Principal Place of Business

**120 W LENDSTEET RD  
ORLANDO FL 32824  
US**

Mailing Address

**120 W LENDSTEET RD  
ORLANDO FL 32824  
US**

2. Principal Place of Business

**2501 INVESTORS ROW**

3. Mailing Address

*P.O. Box 64036*

Suite, Apt. #, etc.

**SUITE 400**

Suite, Apt. #, etc.

City &amp; State

**ORLANDO, FL**

City &amp; State

*ORLANDO, FL*

Zip

**32837**

Country

**USA**

Zip

*32869*

Country

*USA*4. FEI Number **59-3352147**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PRUITT, CONSTANCE  
6405 DOUBLETTRACE LANE  
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*114 W. MAGNOLIA AVENUE*

City

*HOWELL IN THE HILLS*

FL

Zip Code

*34737*

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

*Mar. 22, 2001*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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, DAVID F</b>	
STREET ADDRESS	<b>2720 HERON LANDING COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	

TITLE	<b>VPST</b>	<input type="checkbox"/> Delete
NAME	<b>PRUITT, CONSTANCE</b>	
STREET ADDRESS	<b>6405 DOUBLETTRACE LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	

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

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>114 W. MAGNOLIA AVENUE</i>	
STREET ADDRESS	<i>HOWELL IN THE HILLS, FL 34737</i>	
CITY-ST-ZIP		

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

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

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STREET ADDRESS		
CITY-ST-ZIP		

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 #

*Constance M. Pruitt / Constance M. Pruitt / April 5, 2001 / 407/835-486*

CR2E034 (10/00)