

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90147 002 ***150.00

DOCUMENT # P95000085160

1. Entity Name
SPACE COAST HOBBIES, INC.

Principal Place of Business
2155 PALM BAY RD. NE. UNIT #8
PALM BAY FL 32905

Mailing Address
2155 PALM BAY RD. NE. UNIT #8
PALM BAY FL 32905

2. Principal Place of Business
2135 PALM BAY RD. NE
 Suite, Apt. #, etc. **UNIT 1**

3. Mailing Address
2135 PALM BAY RD. NE
 Suite, Apt. #, etc. **UNIT 1**



DO NOT WRITE IN THIS SPACE

City & State
 City & State
 4. FEI Number **59-3344301** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GINSBURG, DAVID
2155 PALM BAY RD. NE, UNIT #8
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2135 PALM BAY RD. NE #1
 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 DATE **4-25-01**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
 NAME **MARTIN, GLENN E**
 STREET ADDRESS **1205 HEGIRA ST NW**
 CITY-ST-ZIP **PALM BAY FL**

TITLE **VP** ☐ Delete
 NAME **GINSBURG, DAVID**
 STREET ADDRESS **1091 MARIPOSA DR. NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 DATE **4-25-01** 321-722-3696
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0078117

CR2E034 (10/00)