

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90177 027 ***150.00

DOCUMENT # P96000071634

1. Entity Name
SPACEPORT SUPPLY, INC.

Principal Place of Business

2189 N. U.S. 1
TITUSVILLE FL 32796

Mailing Address

2189 N. U.S. 1
TITUSVILLE FL 32796

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
59-3402988

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

MILLER, ADRIENNE M
2189 N. U.S. 1
TITUSVILLE FL 32796

Name

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

504 Boxwood Lane

City **NEW SMYRNA BEACH**

FL

Zip Code **32168**

8. The above named e ☒ **ant for the purpose of establishing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE _____ **Signature** _____ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MILLER, ADRIENNE M**
STREET ADDRESS **2189 N. U.S. 1**
CITY-ST-ZIP **TITUSVILLE FL 32796**

☒ Change ☐ Addition
504 Boxwood Lane
NEW SMYRNA BEACH, FL 32168

TITLE **D** ☐ Delete
NAME **PERRY, MILLER W**
STREET ADDRESS **2189 N US 1**
CITY-ST-ZIP **TITUSVILLE FL 32796**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-03

321-383-2355

CFR2E034 (9/01)