

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096591

1. Entity Name

SPACE GROUND SYSTEM SOLUTIONS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90004 005 ***150.00

Principal Place of Business

1942 S DAIRY RD
WEST MELBOURNE FL 32904
US

Mailing Address

2263 W NEW HAVEN AE
SUITE 384
W MELBOURNE FL 32904-3805
US

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 **59-3415560**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
% FRESE, NASH & TORPY, P.A.
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE FL 32901

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	TORMALA, ROBERT S	
STREET ADDRESS	5061 TALLWOOD CIRCLE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CACCIAGLIA, DAVID J	
STREET ADDRESS	818 STONE AVE.	
CITY-ST-ZIP	WALDORF MD	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, BRIAN	
STREET ADDRESS	510 GLENWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FK	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FULLER, GARRY W	
STREET ADDRESS	6003 OLD BRANCH AVE	
CITY-ST-ZIP	CAMP SPRINGS MD	
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 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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STREET ADDRESS		
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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		

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:

Robert S. Tormala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00
Date

321-956-8200
Daytime Phone #

CR2E034 (9/99)