2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030448

Entity Name

SPACE COAST FIRE AND SAFETY, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2457 CHENEY HIGHWAY TITUSVILLE FL 32780

SIGNATURE:

2457 CHENEY HIGHWAY TITUSVILLE FL 32780-6732

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3444060 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPINA, TOM Street Address (P.O. Box Number is Not Acceptable) 2457 CHENEY HIGHWAY TITUSVILLE FL 32780 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its, Intangible 10. - Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete ☐ Change Addition TITLE TITLE SPINA, TOM NAME NAME 2457 CHENEY HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32780 ☐ Change ☐ Addition TITLE TITLE Delete NAME Star Carle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete . Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90045 010 ***150.00

Daytime Phone #