

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078329

1. Entity Name

LAUNCH SERVICES CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90120 045 ***150.00

Principal Place of Business

Mailing Address

12284 SORIA LANE
 BONITA SPRINGS FL 34135
 US

PO BOX 2266
 BONITA SPRINGS FL 34133-2266
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

25580 SPRINGTIDE CT

City & State

City & State

4. FEI Number 59-3508730

Applied For
 Not Applicable

Zip

Country

Zip

Country

34135

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

ADAMS, ARCHIE D-EVP & C
 12284 SORIA LANE
 BONITA SPRINGS FL 34135

Name

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

25580 SPRINGTIDE COURT

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EVPC
 NAME ADAMS, ARCHIE D
 STREET ADDRESS 12284 SORIA LANE
 CITY-ST-ZIP BONITA SPRINGS FL 35135 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 25580 SPRINGTIDE COURT
 CITY-ST-ZIP ☐

TITLE EVP
 NAME MILLSTEIN, HERB S
 STREET ADDRESS 2 COVE CIRCLE
 CITY-ST-ZIP PALMYRA VA 22963 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3449 STEALING LAKE CIRCLE
 CITY-ST-ZIP OVIEDO, FL 32765 ☐

TITLE EVP
 NAME POST, LARRY H
 STREET ADDRESS 9811 SCANLON COURT
 CITY-ST-ZIP FOUNTAIN VALLEY CA 92708 ☒ Delete

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

TITLE EVP
 NAME SMITH, KERN
 STREET ADDRESS 555 FILLMORE AVE
 CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

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

TITLE DP
 NAME FUCHS, VICTOR E
 STREET ADDRESS PO BOX 21208, 3060 ROCKFORD DR
 CITY-ST-ZIP COLUMBUS OH 43221 ☐ Delete

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

TITLE EVPD
 NAME MOSIER, JOHN E
 STREET ADDRESS 7938 SARAHURST DRIVE
 CITY-ST-ZIP DUBLIN OH 43016 ☐ Delete

TITLE ☐ Change ☐ 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 #

4/25/00

741-498-9488

CR2E034 (9/99)