

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90021 031 ***150.00

DOCUMENT # P98000044475

1. Entity Name

SPACE ENGINEERING CONSULTANTS, INC.

Principal Place of Business

**1619 N. INDIAN RIVER DRIVE
 COCOA FL 32922**

Mailing Address

**1619 N. INDIAN RIVER DRIVE
 COCOA FL 32922**

2. Principal Place of Business

102 RIVERSIDE DR

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

B-301

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

Zip

32922

Country

USA

Zip

Country

4. FEI Number

54-3512987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TOLSON, DONNA J
 1619 N. INDIAN RIVER DRIVE
 COCOA FL 32922**

7. Name and Address of New Registered Agent

Name

DONNA J TOLSON

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

102 RIVERSIDE DR, B-301

City

COCOA

FL

Zip Code

32922

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

Donna J Tolson
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

15 MAR '01

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, 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 **TOLSON, BILL A**
 STREET ADDRESS **1619 N. INDIAN RIVER DRIVE**
 CITY-ST-ZIP **COCOA FL 32922**

TITLE **VP** ☐ Delete
 NAME **TOLSON, DONNA J**
 STREET ADDRESS **1619 N. INDIAN RIVER DRIVE**
 CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **TOLSON, BILL A.** ADDRESS
 STREET ADDRESS **102 RIVERSIDE DR B301**
 CITY-ST-ZIP **COCOA, FL 32922**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
 NAME **TOLSON, DONNA J** ADDRESS
 STREET ADDRESS **102 RIVERSIDE DR B301**
 CITY-ST-ZIP **COCOA, FL 32922**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

Bill A Tolson President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

15 MAR '01

Daytime Phone #

321-543-9942

CR2E034 (10/00)

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