

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057638

i. Entity Name

SPACE COAST LOGISTICS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90089 008 ***150.00

Principal Place of Business Mailing Address
W KING STREET 3665 W KING STREET
FL 32926 COCOA FL 32926-4126

80001793



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3521178
Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent
SMITH, DAVID B
3665 W KING STREET
COCOA FL 32926

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 P
NAME SMITH, BONNIE
STREET ADDRESS 3665 W KING ST
CITY-ST-ZIP COCOA FL 32926
Delete
TITLE VP
NAME FULCHER, SHERIAN
STREET ADDRESS 806 WARREN AVE
CITY-ST-ZIP COCOA FL 32922
Delete
TITLE S
NAME SMITH, DAVID B
STREET ADDRESS 3665 W KING ST
CITY-ST-ZIP COCOA FL 32926
Delete
TITLE T
NAME FULCHER, DAVID E
STREET ADDRESS 806 WARREN AVE
CITY-ST-ZIP COCOA FL 32922
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
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: BONNIE S. SMITH (PRESIDENT) 1/5/00 1-321-639-4720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)