

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000061101**

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90210 045 ***150.00

1. Entity Name

SPACE COAST COMMERCIAL REALTY, INC.

Principal Place of Business

**280 AQUARINA BLVD
MELBOURNE BEACH FL 32951**

Mailing Address

**280 AQUARINA BLVD
MELBOURNE BEACH FL 32951-3923**

2. Principal Place of Business

**1901 S. Harbor City Blvd
Suite, Apt. #, etc.
SUITE 635**

3. Mailing Address

**128 Signature Drive
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FLA

City & State

MELBOURNE BEACH, FLA.

4. FEI Number

59-3525056

Applied For

Not Applicable

Suite, Apt. #, etc.

SUITE 635

Suite, Apt. #, etc.

32951

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

**SMITH, RON S
280 AQUARINA BLVD
MELBOURNE BEACH FL 32951**

Name

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

128 Signature Drive

City

MELBOURNE BEACH

FL

Zip Code

32951

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 **PS** ☐ Delete
NAME **SMITH, RON S**
STREET ADDRESS **280 AQUARINA BLVD.**
CITY-ST-ZIP **MEL. BEACH FL 32951**

TITLE ☒ Change ☐ Addition
NAME **128 Signature Drive**
STREET ADDRESS **MELBOURNE BEACH, FLA**
CITY-ST-ZIP **32951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 #

CR2E034 (9/99)