

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012119

1. Entity Name

SPACE COAST INDEXERS, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90055 003 ***150.00

Principal Place of Business

1101 S ATLANTIC AVE., APT. 401
COCOA BEACH FL 32921

Mailing Address

P.O. BOX 320037
COCOA BEACH FL 32932-0037

2. Principal Place of Business

1791 N. HWY A1A

3. Mailing Address

218-A E. EAU GALIE BLVD

Suite, Apt. #, etc.

1401

Suite, Apt. #, etc.

70

City & State

INDIAN HARBOUR BEACH, FL

City & State

INDIAN HARBOUR BEACH, FL

Zip

32937

Country

Zip

32937

Country

4. FEI Number

593557015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, ANITA K
1101 S ATLANTIC AVE., APT. 401
COCOA BEACH FL 32921

7. Name and Address of New Registered Agent

Name

LEVY, ANITA K.

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

1791 N. HWY A1A APT 1401

City

INDIAN HARBOUR BEACH

FL

Zip Code

32937

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVY, ANITA K
1101 S ATLANTIC AVE., APT. 401
COCOA BEACH FL 32921

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
1791 N. HWY A1A APT 1401
INDIAN HARBOUR BEACH, FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGN *Anita K. Levy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

321-773-2801

Daytime Phone #

CR20001 (0/00)