2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016215

Entity Name

ROCKLEDGE AIRPORT CORP.

FILED

02 JUN -7 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~500 BARNES BLVD~~ ROCKLEDGE FL 32955	~~500 BARNES BLVD~~ ROCKLEDGE FL 32955-5208

2. Principal Place of Business
3761 FLY PARK DRIVE
Suite, Apt. #, etc.
City & State: ROCKLEDGE, FL
Zip: 32955 Country: BREVARD

3. Mailing Address
3761 FLY PARK DRIVE
Suite, Apt. #, etc.
City & State: ROCKLEDGE, FL
Zip: 32955 Country: BREVARD

4. FEI Number: 59-3569689 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~FEINER, BALZ~~
~~500 BARNES BLVD.~~
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name: BALZ FEINER
Street Address (P.O. Box Number is Not Acceptable): 3761 FLYPARK DRIVE
City: ROCKLEDGE FL Zip Code: 32955

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 $550.00
After SEPTEMBER 31, 2002 ...
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	D
NAME	FEINER, BALZ
STREET ADDRESS	~~500 BARNES BLVD.~~
CITY-ST-ZIP	ROCKLEDGE FL 32955

☐ Delete

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Delete

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	
NAME	FEINER BALZ
STREET ADDRESS	3761 FLYPARK DRIVE
CITY-ST-ZIP	

☐ Change ☐ Addition

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

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-06/18/02--01066--007
****150.00 ****150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

CR2E034 (5/00)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4-23-02 (321) 508-2451
Date Daytime Phone #

4/12/02