2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000040651

1. Entity Name

INTERSTATE COMMERCE PARK OF BREVARD, INC.

Principal Place of Business	Mailing Address
4905 W. Eau Gallie Blvd. Melbourne, FL 32935	

2. Principal Place of Business	3. Mailing Address
4905 W. Eau Gallie Blvd	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State
Zip: 32935 Country: Brevard	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: Applied for — xx Applied For ☐ Not Applicable

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
John L. Soileau 1970 Michigan Avenue, Building C Cocoa, FL 32922	Name: Beatrice Platt Street Address (P.O. Box Number is Not Acceptable): 4905 W. Eau Gallie Blvd. City: Melbourne FL Zip Code: 32935

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: X Beatrice Platt — Beatrice Platt — 8/13/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael Lucido 1660 SW 6 Ave Boca Raton, FL 33486	☒ Delete	President, Director Daniel S. Platt 4905 W. Eau Gallie Blvd Melbourne, FL 32935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer Aristea Lucido 1660 SW 6 Ave Boca Raton, FL 33486	☒ Delete	V Pres, Sec Treas, Dir Beatrice Platt 4905 W. Eau Gallie Blvd. Melbourne, FL 32935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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12. 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: X Daniel S. Platt — Daniel S. Platt, President — 8/13/01 — (321) 254-7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #