

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90101 046 ***150.00

DOCUMENT # P 99000042314
1. Entity Name Cape Canaveral Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 357 Imperial Blvd.	3. Mailing Address 357 Imperial Blvd.
Suite, Apt. #, etc. A2, A3, A4	Suite, Apt. #, etc. A2.
City & State Cape Canaveral, Fl.	City & State Cape Canaveral, Fl.
Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0921972		Applied For Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Poul V. Jensen		
Street Address (P.O. Box Number is Not Acceptable)			
7244 Jacaranda Lane			
City Miami Lakes FL Zip Code 33014			

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.

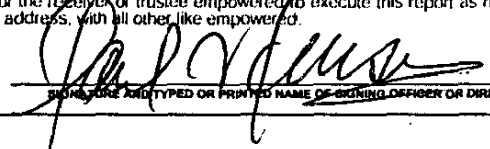
SIGNATURE	(NOTE: Registered Agent signature required when renewing)	DATE
------------------	--	---------------------

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
P/V/D	Poul V. Jensen		
7244 Jacaranda Lane			
Miami Lakes Fl. 33014			
S/T/D	Lars Kragelund		
603 South 4th Street			
Cocoa Beach Fl. 32931			

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	Poul V. Jensen Apr. 4, 2002 (305) 374 5115
---	---

CR2E034B (12/01)