

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90243 005 ***150.00

00063946



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000062905

1. Entity Name

SPACE COAST LASER CONNECTION, INC.

Principal Place of Business

N. COURTENAY PARKWAY
ISLAND FL 32953

Mailing Address

2515 Raintree Lake Cir.
3545 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953-8102

2. Principal Place of Business

3545 N. Courtenay Parkway

Suite, Apt., #, etc.

Unit # 176

City & State

Merritt Island FL

Zip

32953

Country

Brevard

3. Mailing Address

2515 Raintree Lake Cir

Suite, Apt., #, etc.

Merritt Island FL

City & State

Merritt Island FL

Zip

32953

Country

Brevard

4. FEI Number

59-3595398-241412

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REARDON, FARIEDA
2515 RAINTREE LAKE CIRCLE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 President
FARIEDA REARDON
STREET ADDRESS 2515 Raintree Lake Cir
CITY-ST-ZIP Merritt Island FL 32953

TITLE ☐ Delete

NAME Vice President
JOHN REARDON
STREET ADDRESS 2515 Raintree Lake Cir
CITY-ST-ZIP Merritt Island FL 32953

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

Farieda Reardon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00 321-453-3606

CR2E034 (9/99)