

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90695 044 \*\*\*150.00

**DOCUMENT # P99000062905**

1. Entity Name

SPACE COAST LASER CONNECTION, INC.



Principal Place of Business

3545 N. COURTENAY PARKWAY  
UNIT 176  
MERRITT ISLAND FL 32953

Mailing Address

2515 RAINTREE LAKE CIR  
MERRITT ISLAND FL 32953

2. Principal Place of Business

3605 N. Courtenay Parkway

3. Mailing Address

3605 N. Courtenay Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

Merritt Island FL

Zip

32953

Country

Brevard

Zip

32953

Country

Brevard

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3595398

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~~ 3605 N. Courtney Parkway  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **REARDON, FARIEDA**  
STREET ADDRESS ~~2515 RAINTREE LAKE CIR~~ 3605 N. Courtney Parkway  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **VP** ☐ Delete  
NAME **REARDON, JOHN**  
STREET ADDRESS ~~2515 RAINTREE LAKE CIR~~ 3605 N. Courtney Parkway  
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

11. 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  
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CITY-ST-ZIP

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

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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)