

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097069

1. Entity Name
SPACE COAST AUTOMOTIVE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90065 023 ***150.00

Principal Place of Business
1545 E MERRITT ISLAND CSWY
MERRITT ISLAND FL 32952

Mailing Address
1545 E MERRITT ISLAND CSWY
MERRITT ISLAND FL 32952-2611

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 542447
Suite, Apt. #, etc.

City & State
Merritt Island, FL

Zip
32954-2447

Country
USA

4. FEI Number
59-3612598

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

CARUSO, JOE T
800 E MERRITT ISLAND CSWY, SUITE 200
MERRITT ISLAND FL 32952

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERDMAN, MIKE 1545 E MERRITT ISLAND CSWY MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mike Erdman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

321-453-1313

Date

Daytime Phone #

CR2E034 (9/99)