

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90088 043 ***150.00

DOCUMENT # P99000107007

1. Entity Name

ITS ROCKET SCIENCE, INCORPORATED

Principal Place of Business

**1333 LONG STREET
ORLANDO FL 32805**

Mailing Address

**POST OFFICE BOX 555056
ORLANDO FL 32855-5056**

2. Principal Place of Business

1333 LONG STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

Zip

32805

Country

OR USA.

Zip

Country

4. FEI Number **59-3615518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACLAINE, TREVOR J
1333 LONG STREET
ORLANDO FL 32805**

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 re-registering)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILKINSON, AMY HODGKINS**
STREET ADDRESS **3206 TRADEWINDS TRAIL**
CITY-ST-ZIP **ORLANDO FL 32805**TITLE **D** ☐ Delete
NAME **WILKINSON, JOHN DAVID**
STREET ADDRESS **3206 TRADEWINDS TRAIL**
CITY-ST-ZIP **ORLANDO FL 32805**TITLE **D** ☐ Delete
NAME **IRELAND, DAVID**
STREET ADDRESS **263 DEER ISLE DRIVE**
CITY-ST-ZIP **KILLARNEY FL 34740**TITLE **D** ☐ Delete
NAME **MCCLAIN, TREVOR JOHN**
STREET ADDRESS **33 S. LAWSONA BLVD.**
CITY-ST-ZIP **ORLANDO FL 32801**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/01 407-648-4115
Date Daytime Phone #

CR2E034 (10/00)