

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47350

1. Entity Name

SPACE COAST ADVERTISING CONSORTIUM, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90029 036 ***150.00

Principal Place of Business

1231 GARDEN ST
TITUSVILLE FL 32796
US

Mailing Address

1231 GARDEN ST
TITUSVILLE FL 32796-3395
US

2. Principal Place of Business

3380 S. Park Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite 5

City & State

Titusville FL

Zip
32780

Country
U.S.

Zip

Country

4. FEI Number

59-3131816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, WENDY
1231 GARDEN ST
TITUSVILLE FL 32796

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ELLIS, WENDY
1231 GARDEN ST
TITUSVILLE FL 32796 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
PATCH, PATRICIA A.
1231 GARDEN ST
TITUSVILLE FL 32796 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy R. Ellis 3/3/00 321-268-1027

Date

Daytime Phone #

CR2E034 (9/99)