

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90074 042 ***150.00

DOCUMENT # **V47350**

1. Entity Name

SPACE COAST ADVERTISING CONSORTIUM, INC.

Principal Place of Business

**3380 SOUTH PARK AVENUE
SUITE-5
TITUSVILLE FL 32780
US**

Mailing Address

**3380 SOUTH PARK AVENUE
SUITE-5
TITUSVILLE FL 32780
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3525 Palmer Dr
Suite, Apt. #, etc.

3. Mailing Address

3525 Palmer Dr
Suite, Apt. #, etc.

City & State

Titusville FL
Zip **32780** Country **USA**

City & State

Titusville FL
Zip **32780** Country **USA**

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
~~**3380 S. PARK AVENUE**~~
~~**STE. 5**~~
~~**TITUSVILLE FL 32780**~~

*Change address
only*

7. Name and Address of New Registered Agent

Name

SAME

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

3525 Palmer Dr

City

Titusville

FL

Zip Code

32780

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, 2002 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	DP	☐ Delete
NAME	ELLIS, WENDY	
STREET ADDRESS	3380 S. PARK AVENUE STE 5	<i>Change address only</i>
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DST	☐ Delete
NAME	PATCH, PATRICIA A.	
STREET ADDRESS	3380 S. PARK AVENUE STE 5	<i>change address only</i>
CITY-ST-ZIP	TITUSVILLE FL 32780	
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	SAME	☐ Change ☐ Addition
NAME	SAME	
STREET ADDRESS	3525 Palmer Dr.	
CITY-ST-ZIP	Titusville FL 32780	
TITLE	SAME	☐ Change ☐ Addition
NAME	SAME	
STREET ADDRESS	3525 Palmer Dr	
CITY-ST-ZIP	Titusville FL 32780	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

321-268-1023

Date

Daytime Phone #

CR2E034 (9/01)