

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

0696178

**DOCUMENT # 196169**

1. Entity Name  
**SUNAIR ELECTRONICS, INC.**

05-14-2001 90191 040 \*\*\*150.00

**U B R**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3101 S W 3RD AVE FORT LAUDERDALE FL 33315	Mailing Address 3101 S W 3RD AVE FORT LAUDERDALE FL 33315
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-0780772</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DOVER, WILLARD D**  
**2601 E OAKLAND PARK BLVD**  
**SUITE 400**  
**FORT LAUDERDALE FL 33306**

**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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <b>DURHAM, SYNOTT B.</b>	<input type="checkbox"/> Delete	TITLE NAME <b>ANDERSON, EARL M., JR.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3101 SW 3RD AVENUE</b>		STREET ADDRESS <b>3101 S.W. THIRD AVENUE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE, FL 00000</b>		CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33315</b>	
TITLE NAME <b>D GEORGE F ARATA, JR</b>	<input type="checkbox"/> Delete	TITLE NAME <b>V BUDDE, HENRY A.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3101 SW 3RD AVE</b>		STREET ADDRESS <b>3101 S.W. THIRD AVENUE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33315</b>	
TITLE NAME <b>PD URICHO, ROBERT</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME <b>P/D LAURENT, JAMES E.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3101 SW 3RD AVE</b>		STREET ADDRESS <b>3101 S.W. THIRD AVENUE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33315</b>	
TITLE NAME <b>AS URICHO, SHIRLEY</b>	<input type="checkbox"/> Delete	TITLE NAME <b>S/D URICHO, SHIRLEY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3101 SW 3RD AVE</b>		STREET ADDRESS <b>3101 S.W. THIRD AVENUE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33315</b>		CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33315</b>	
TITLE NAME _____	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		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: Synott B. Durham **SYNOTT B. DURHAM** TREASURER 4/26/01 (954) 525-1505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)