

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F92000000178**

1. Entity Name

**BREED TECHNOLOGIES, INC.**

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90024 012 \*\*\*150.00

Principal Place of Business <b>5300 OLD TAMPA HWY LAKELAND FL 33811 US</b>	Mailing Address <b>5300 OLD TAMPA HWY LAKELAND FL 33811 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5300 Allen K. Breed Hwy.</b>	3. Mailing Address <b>5300 Allen K. Breed Hwy.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>22-2767118</b>	Applied For <input type="checkbox"/> 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 <b>SPERANZELLA, CHARLES J JR 5300 OLD TAMPA HWY LAKELAND FL 33811</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5300 Allen K. Breed Hwy.</b> City <b>FL</b> Zip Code	
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BREED, ALLEN K</b> <b>5300 OLD TAMPA HWY</b> <b>LAKELAND FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Giovanni Magistrali</b> <b>5300 Allen K. Breed Hwy.</b> <b>Lakeland, FL 33811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO</b> <b>BREED, JOHNNIE C</b> <b>434 SOUTH BEACH ROAD, JUPITER ISLAND</b> <b>HOBE SOUND FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5300 Allen K. Breed Hwy.</b> <b>Lakeland, FL 33811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCPD</b> <b>SPERANZELLA, CHARLES J JR</b> <b>3253 STONewater DRIVE</b> <b>LAKELAND FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BOYD, STUART D.</b> <b>5300 OLD TAMPA HWY</b> <b>LAKELAND FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SALTARELLI, ROBERT</b> <b>5300 OLD TAMPA HWY</b> <b>LAKELAND FL 33811</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>William G. King</b> <b>5300 Allen K. Breed Hwy.</b> <b>Lakeland, FL 33811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GUPTILL, LIZANNE</b> <b>5300 OLD TAMPA HWY</b> <b>LAKELAND FL 33811</b>	TITLE 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: *Lizanne Guptill* **Lizanne Guptill, Secretary 3/21/00 863-668-6388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)