## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F95000003502 Mar 04, 2000 8:00 am DRS OPTRONICS, INC. **Secretary of State** 03-04-2000 90070 004 \*\*\*150.00 Mailing Address Principal Place of Business 2330 COMMERJCE PARK DRIVE. NE 2330 COMMERCE PARK DRIVE, NE PALM BAY FL 32905-7721 PALM BAY FL 32905 บร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3321536 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.\_Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Addition P -PD TITI F Change Delete TITLE ROSS, RICHARD NAME MARION, FRED L. NAME STREET ADDRESS 2330 COMMERCE PARK DRIVE NE. STE 2 STREET ADDRESS 2330 Commerce Park Drive, NE STE 2 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Palm Bay, FL 32905 X Addition ☐ Change TITLE X Delete TITLE PITEK, NANCY NAME NAME LASERSON DUNN, NINA 2330 COMMERCE PARK DRIVE NE, SUITE 2 STREET ADDRESS STREET ADDRESS 2330 Commerce Park Drive, NE STE 2 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL <u>PALM BAY, FL 32905</u> ☐ Change ☐ Addition - - - Delete TITLE TITLE NEWMAN, MARK NAME NAME 2330 COMMERCE PARK DRIVE, SUITE 2 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP PALM BAY FL 32905 ☐ Change ☐ Addition ☐ Delete TITLE TITLE RUSSO, ROBERT NAME NAME STREET ADDRESS 2330 COMMERCE PARK DR NE, STE 2 STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP Change ☐ Addition **X** Delete TITLE TITLE MOORE, E BROOKS J NAME NAME STREET ADDRESS STREET ADORESS 2330 COMMERCE PARK DRIVE NE, SUITE 2 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ Change Addition TITLE ☐ Delete

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-7IP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND T