

JUL 02, 2004 11:21

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FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90001 022 ***150.00

DOCUMENT # P03000129923			
1. Entity Name SURGE PROTECTION MANUFACTURING, INC.			
Principal Place of Business 9565 TAVERNIER DRIVE BOCA RATON, FL 33496 US		Mailing Address 9565 TAVERNIER DRIVE BOCA RATON, FL 33496 US	
2. Principal Place of Business:		3. Mailing Address:	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		07022004 Chg-P CR2E034 (10/03)	
		4. FEI Number 03-0531854	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANCIS, LOSEY R 9565 TAVERNIER DRIVE BOCA RATON, FL 33496		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Notary Public or other person authorized to administer oaths and take acknowledgments) (Notary Public or other person authorized to administer oaths and take acknowledgments) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		NOTE: DID NOT Review ORIGINAL Form	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P GROAT, GEORGE C 8135 W GRAND RIVER BRIGHTON, MI 48114 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP LOSEY, FRANCIS R 9565 TAVERNIER DRIVE BOCA RATON, FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP LOSEY, POLLY A 9565 TAVERNIER DRIVE BOCA RATON, FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CFO FRANCZYK, BARBARA J 10617 MC CABE RD BRIGHTON, MI 48116 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		7-2-04 8102318332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 8, 2004

SURGE PROTECTION MANUFACTURING, INC.
9565 TAVERNIER DRIVE
BOCA RATON, FL 33496 US

Subject: SURGE PROTECTION MANUFACTURING, INC.

Reference Number: P03000129923

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS

ANNUAL REPORTS SECTION

* PLEASE FIND ENCLOSED \$150 CK # 1004. NOTE: WE DID NOT RECEIVE ORIGINAL FORM.