

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90030 035 ***150.00

0018648

DOCUMENT # P98000036818

1. Entity Name
SEMICONDUCTORS, INC.

Principal Place of Business 948 POMPANO DRIVE JUPITER FL 33458	Mailing Address 948 POMPANO DRIVE JUPITER FL 33458
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2. Principal Place of Business 212 US Hwy One Suite, Apt. #, etc. Ste 16	3. Mailing Address 212 US Hwy One Suite, Apt. #, etc. Ste 16
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DO NOT WRITE IN THIS SPACE

City & State Jupiter, FL	City & State Jupiter, FL	4. FEI Number 15-7305735	Applied For <input type="checkbox"/> Not Applicable
Zip 33469	Country USA	Zip 33469	Country USA

6. Name and Address of Current Registered Agent SCORNAVACCA, ARTHUR J 948 POMPANO DRIVE JUPITER FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P SCORNAVACCA, ARTHUR J	<input type="checkbox"/> Delete	TITLE NAME 212 US Hwy One Ste 16	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 948 POMPANO DR		STREET ADDRESS Jupiter, FL 33469	
CITY-ST-ZIP JUPITER FL 33458		CITY-ST-ZIP Jupiter, FL 33469	
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	
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 an other like empowered.

SIGNATURE: *Arthur J Scornavacca* Date: **4/17/01** Daytime Phone #: **746-1940**

CR2E034 (10/00)