

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91767 048 \*\*\*150.00

0194898 AV

DOCUMENT # P02000043765

1. Entity Name  
SENEX ELECTRONICS, INC.



Principal Place of Business  
5933 W HILLSBORO BLVD #624  
PARKLAND FL 33067

Mailing Address  
5933 W HILLSBORO BLVD #624  
PARKLAND FL 33067



2. Principal Place of Business  
965 SW 150 TERRACE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
SUNRISE FL

City & State

4. FEI Number  
01-0681997

Applied For  
Not Applicable

Zip  
33326

Country  
USA

Zip  
Country

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

GIBSON, DAVID C  
965 SW 150 TERR  
SUNRISE FL 33326

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | GIBSON, LAURA K         |                                 |
| STREET ADDRESS | 965 SW 150 TERR         |                                 |
| CITY-ST-ZIP    | SUNRISE FL 33326        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | GIBSON, DAVID C         |                                 |
| STREET ADDRESS | 965 SW 150 TERR         |                                 |
| CITY-ST-ZIP    | SUNRISE FL 33326        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | WERNER IV, JOHN G       |                                 |
| STREET ADDRESS | 420 SE 34 AVE           |                                 |
| CITY-ST-ZIP    | BOYNTON BCH FL 33425    |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | SANTOS-WERNER, INES     |                                 |
| STREET ADDRESS | 420 SE 34 AVE           |                                 |
| CITY-ST-ZIP    | BOYNTON BCH FL 33425    |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | OWENS, DEWEY L          |                                 |
| STREET ADDRESS | 1051 SW 98 TERR         |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33025 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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: *DAVID C. GIBSON* 2/18/03 954-344-2011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)