

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

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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		
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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* **SIGNATURE REQUIRES** **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)