

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**  
 04-13-2000 90012 004 \*\*\*150.00

**DOCUMENT # 317806**

1. Entity Name :

**AVIONICS RESEARCH CORPORATION OF FLORIDA**

Principal Place of Business

672 NORTH SEMORAN BLVD., SUITE 101  
 ORLND00 FL 32807-3350

Mailing Address

672 NORTH SEMORAN BLVD., SUITE 101  
 ORLND00 FL 32807-3367

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**11-2147769**

Applied For

Not Applicable

Zip

Country

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

**BECKEL, SIDONIA**  
**606 SAN MARIE AVE.**  
**ALTOMONTE SPRINGS FL 32714**

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.

SIGNATURE

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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**P**  
**SICINSKI, JOSEPH G**  
**38 WOODHOLLOW RD**  
**GREAT RIVER NY**

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**SCFO**  
**CHARLES, GLEN**  
**1393 VETERANS MEMORIAL HWY STE 307**  
**HAUPPAUGE NY 11788**

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**SIGNATURE:**

*[Signature]*  
**RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/13/00*

CR02EN24 (0/000)