

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90702 017 ***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 32807-3350

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **11-2147769**

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

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

Sidonia Beckel
 (NOTE: Registered Agent signature required when reinstating)

1/4/02
 DATE

9. Is corporation 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, 2002 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

TITLE **P** ☐ Delete
 NAME **SICINSKI, JOSEPH G**
 STREET ADDRESS **38 WOODHOLLOW RD**
 CITY-ST-ZIP **GREAT RIVER NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SCFO** ☐ Delete
 NAME **CHARLES, GLEN**
 STREET ADDRESS **1393 VETERANS MEMORIAL HWY STE 307**
 CITY-ST-ZIP **HAUPPAUGE NY 11788**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

Date

Daytime Phone #

CR2E034 (9/01)