

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 396934

1. Entity Name

REMEC Q-BIT, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90173 019 ***150.00

Principal Place of Business 2144 FRANKLIN DRIVE. N.E. PALM BAY FL 32905 US	Mailing Address 2144 FRANKLIN DRIVE N.E. PALM BAY FL 32905-4021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1383213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CALLAWAY, GARY R
 2144 FRANKLIN DRIVE, N.E.
 PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City **Plantation** FL Zip Code **33324**

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 *Barbara A. Burke* **BABARA A. BURKE** **SPECIAL ASSISTANT SECRETARY** **3-23-00**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHMITZ, DAVID 9404 CHESAPEAKE DR SAN DIEGO CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete EKAIREB, ERROL 9404 CHESAPEAKE DR SAN DIEGO CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CALLAWAY, GARY 2144 FRANKLIN DR NE PALM BAY FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CFOS MCDONALD, MIKE 9404 CHESAPEAKE DR SAN DIEGO CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jon Opalski 9404 Chesapeake Drive San Diego, CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Schmitz* **David Schmitz** **3/28/00** **321 727 1833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)