

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 434549**

1. Entity Name

**ARK ELECTRONIC PRODUCTS, INC.**

Principal Place of Business

8545-126TH AVE N  
LARGO FL 33773  
US

Mailing Address

8545-126TH AVE N  
LARGO FL 33773  
US

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1426902**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2001 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 PD ☐ Delete  
NAME MURPHY, PATRICK M  
STREET ADDRESS 3202 W KNIGHTS AVE  
CITY-ST-ZIP TAMPA FLTITLE President, Secretary & ☒ Change ☐ Addition  
NAME Patrick M. Murphy Director  
STREET ADDRESS 4506 W Dale Avenue  
CITY-ST-ZIP Tampa, FL 33609TITLE SD ☒ Delete  
NAME SLATTERY, JAMES L.  
STREET ADDRESS 2065 HUNTERS GLEN DR 403  
CITY-ST-ZIP DUNEDIN FL 34698TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
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:

President, Secretary,  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Patrick M. Murphy

4/27/2001

(727) 530-2977

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)