

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465846

1. Entity Name  
**ELECTROMECHANICAL SYSTEMS, INC.**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90097 022 \*\*\*150.00

Principal Place of Business  
**6200 118TH AVE., NORTH  
LARGO FL 33773  
US**

Mailing Address  
**6200 118TH AVE., NORTH  
LARGO FL 33773  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1574736</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C-T-CORPORATION-SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Vice President & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUHWIRTH, DENNIS A		NAME		
STREET ADDRESS	6560 ROCK SPRING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANNAN, KENNETH A.		NAME		
STREET ADDRESS	1009 LAKE RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEGER, WARREN Y		NAME		
STREET ADDRESS	6560 ROCK SPRING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT N		NAME		
STREET ADDRESS	6560 ROCK SPRING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVICH, JOSEPH W		NAME		
STREET ADDRESS	6200 118TH AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kujawski, Peter L.	
STREET ADDRESS			STREET ADDRESS	6200 118th AVE N	
CITY-ST-ZIP			CITY-ST-ZIP	Largo, FL 33773	

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: **Dennis A. Fruhwirth** *D. A. Fruhwirth* 2/22/01 727-541-6681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)