

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 536605

1. Entity Name

PASSIVE COMPONENTS, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90005 048 ***150.00

0619364

Principal Place of Business
2307 H 63RD AVE EAST
BRADENTON FL ~~34155-2030~~

Mailing Address
2307 H 63RD AVE EAST
BRADENTON FL ~~34155-2030~~

2. Principal Place of Business
2307 H 63RD AVE E.
Suite, Apt. #, etc.
H

3. Mailing Address
2307 H 63RD AVE E.
Suite, Apt. #, etc.
H

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34203

Country
Manatee

Zip
34203

Country
Manatee



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1747777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GALIMSKI, VIVIAN A
2307 H 63RD AVE EAST
BRADENTON FL ~~34155-2030~~

7. Name and Address of New Registered Agent
Name
S A M E
Street Address (P.O. Box Number is Not Acceptable)
S A M E
City
S A M E FL Zip Code
34203

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete	TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIMSKI, VIVIAN A		NAME	Vivian A. Galimski	
STREET ADDRESS	2307 H 63RD AVE EAST		STREET ADDRESS	2307 H 63RD AVE E	
CITY-ST-ZIP	BRADENTON FL 34155-2030		CITY-ST-ZIP	Bradenton, FL ADDRESS 34203	
TITLE		<input type="checkbox"/> Delete	TITLE	CORRECTED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DATE 3-27-01 94/253-07135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)