

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 645390

1. Entity Name

AMERICAN TECHNICAL CERAMICS (FLORIDA), INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90088 007 ***150.00

Principal Place of Business
2201 CORPORATE SQUARE BLVD.
JACKSONVILLE FL 32216

Mailing Address
2201 CORPORATE SQUARE BLVD.
JACKSONVILLE FL 32216-1921

110010544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 11-2556070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 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	VD	<input type="checkbox"/> Delete
NAME	LITT, STUART P	
STREET ADDRESS	ONE NORDEN LANE	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONSORNO, RICHARD V.	
STREET ADDRESS	2201 CORPORATE SQ BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KELLY, KATHLEEN M.	
STREET ADDRESS	ONE NORDEN LANE	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPECNE, CHESTER E	
STREET ADDRESS	ONE NORDEN LANE	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE	PD	<input type="checkbox"/> Delete
NAME	INSETTA, VICTOR	
STREET ADDRESS	2201 CORPORATE SQ BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 516 622-4770