## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2000 8:00 am DOCUMENT # 649998 **Secretary of State** 1. Entity Name FELIX MARINE ELECTRONICS, INC. 01-24-2000 90050 040 \*\*\*150.00 Mailing Address Principal Place of Business 11525 S CLEVELAND AVE 11525 S CLEVELAND AVE SUITE 3 SUITE 3 FT MYERS FL 33907-2877 FT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1983766 Not Applicable \_Country \_\_\_\_ Zip Country. \$8.75 Additional -5.~ Gertificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, ALAN Street Address (P.O. Box Number is Not Acceptable) 1451 TANGLEWOOD PKWY NAPLES FL 33919 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Change Addition Delete TITLE RODRIGUEZ, ANA E. NAME NAME 1451 TANGLEWOOD PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 ☐ Addition □ Change TITLE ☐ Delete TITLE RODRIGUEZ, ALAN NAME NAME 1451 TANGLEWOOD PKWY STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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

with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE:

FILED