

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 687060

1. Entity Name

ANALOG MODULES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90187 011 ***150.00

0049233

Principal Place of Business

126 BAYWOOD AVE
LONGWOOD FL 32750

Mailing Address

126 BAYWOOD AVE
LONGWOOD FL 32750

00053141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2074349

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRAWFORD, IAN D
126 BAYWOOD AVENUE
LONGWOOD FL 32750

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 PTSD ☒ Delete
NAME CRAWFORD, IAN D
STREET ADDRESS 1805 MEADOWBEND DR.
CITY-ST-ZIP LONGWOOD FL

TITLE CEO & Assistant Secretary ☐ Change ☒ Addition
NAME Victor Mendelson
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☒ Delete ☒ Addition
NAME Elizabeth Letendre
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition
NAME Ian D. Crawford
STREET ADDRESS 126 Baywood Ave
CITY-ST-ZIP Longwood, FL 32750

TITLE Assistant Secretary ☒ Delete ☒ Addition
NAME Gerry Ziegenfuss
STREET ADDRESS
CITY-ST-ZIP

TITLE Executive Vice President ☐ Change ☒ Addition
NAME William Hudson
STREET ADDRESS 126 Baywood Ave
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. P. of Manufacturing ☐ Change ☒ Addition
NAME Kenneth Boyston
STREET ADDRESS 126 Baywood Ave
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. P. of Engineering ☐ Change ☒ Addition
NAME Charles Smith
STREET ADDRESS 126 Baywood Ave
CITY-ST-ZIP Longwood FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer / Director ☐ Change ☒ Addition
NAME Thomas Irwin
STREET ADDRESS 3000 Taft Street
CITY-ST-ZIP Hollywood, FL 33021-4499

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: Ian D. Crawford IAN D. CRAWFORD 1/18/01 407-339-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)