

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDMENT

DOCUMENT # 687060

1. Entity Name

ANALOG MODULES, INC.

FILED

02 JUN -7 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

126 BAYWOOD AVENUE

3. Mailing Address

3000 TAFT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

59-2074349

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MENDELSON, VICTOR H. ESQ.

Street Address (P.O. Box Number is Not Acceptable)

3000 TAFT STREET

City

HOLLYWOOD

FL

Zip Code
33021

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
✓ P	CRAWFORD, IAN D.	126 LONGWOOD AVENUE	LONGWOOD FL 32750				
✓ D/T	IRWIN, THOMAS S.	3000 TAFT STREET	HOLLYWOOD FL 33021				
✓ VC	MENDELSON, VICTOR H. ESQ.	3000 TAFT STREET	HOLLYWOOD FL 33021				
✓ S	VETTER, JUDITH W.	3000 TAFT STREET	HOLLYWOOD FL 33021				
AS	LETENDRE, ELIZABETH R.	3000 TAFT STREET	HOLLYWOOD FL 33021				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS S. IRWIN

4/26/02

954-987-4000

Date

Daytime Phone #

CR2E06UB (12/01)