2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 691495** Feb 08, 2000 8:00 am Secretary of State 1. Entity Name COMMERCIAL MARINE ELECTRONICS, INC. 02-08-2000 90165 041 ***150.00 Principal Place of Business Mailing Address 2830 NE 7TH AVE 2830 NE 7TH AVE POMPANO BCH FL 33064 110 111 11 POMPANO BCH FL 33064-5422 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 59-2096481 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PITMAN, JONN CARL Street Address (P.O. Box Number is Not Acceptable) - 1305 SW-26TH-AVENUE** **DEERFIELD BEACH FL 33442** Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (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 Trust Fund Contribution. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 □ .(·· (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE NAME PITMAN, JOHN CARL Ö. NAME 14 STREET ADDRESS STREET ADDRESS 1305 SW 26TH AVENUE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 □ Change ☐ Addition TITLE DST Delete TITI F PITMAN, JOHN CARL NAME NAME STREET ADDRESS STREET ADDRESS 1305 SW 26TH AVENUE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 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

SIGNATURE: SIGNATURE: Date of PRINTER OF PRINTER OF DIRECTOR Date Of State Phone 4