

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 697426

1. Entity Name

ACCUDYNE CORPORATION

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90250 001 \*\*\*600.00

Principal Place of Business

Mailing Address

1415 FOUNDATION PARK BLVD  
 PALM BAY FL 32909  
 US

1415 FOUNDATION PARK BLVD  
 PALM BAY FL 32909-2104  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2114632

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

LAWSON, JAMES A.  
 1415 FOUNDATION PARK BLVD SE  
 PALM BAY FL 32909

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
 NAME LAWSON, JAMES A.  
 STREET ADDRESS 11540 POINT DR  
 CITY-ST-ZIP S MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPCF ☒ Delete  
 NAME HANDA, SUNDEEP  
 STREET ADDRESS 1415 FOUNDATION PARK BLVD, S E  
 CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☐ Delete  
 NAME SZUBA, THOMAS D  
 STREET ADDRESS 1415 FOUNDATION PARK BLVD, SE  
 CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME LAWSON, FLOYD H  
 STREET ADDRESS 1415 FOUNDATION PARK BLVD, S E  
 CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME LAWSON, BARI  
 STREET ADDRESS 11540 POINT DR  
 CITY-ST-ZIP S MERRITT ISLAND FL 32952

TITLE ☒ Change ☐ Addition  
 NAME LAWSON, BARI  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* JAMES A. LAWSON ;

4/24/00

(321) 724-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)