

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90084 014 \*\*\*150.00

**DOCUMENT # 822930**

1. Entity Name  
**COAXIAL SCIENTIFIC CORPORATION**

Principal Place of Business 700 ACKERMAN RD SUITE 280 COLUMBUS OH 43202 US	Mailing Address 700 ACKERMAN RD SUITE 280 COLUMBUS OH 43202-1524 US
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2. Principal Place of Business	3. Mailing Address 5111 Ocean Blvd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite C
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City & State	City & State Sarasota, Florida
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Zip	Country	Zip	Country
		34242	US

4. FEI Number	59-1359786	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**

**MCGILLICUDDY, DENNIS J.**  
**5111 OCEAN BLVD**  
**SARASOTA FL 33581**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, BARRY	NAME	
STREET ADDRESS	5111 OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 0	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIAVO, MARJORY	NAME	
STREET ADDRESS	5111 OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 0	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVOY, D STEVENS	NAME	
STREET ADDRESS	5111 OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 0	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILLICUDDY, DJ	NAME	
STREET ADDRESS	5111 OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 0	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis J. McGillicuddy DATE: 4/25/00 DAYTIME PHONE #: 941-349-2770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. McGillicuddy

CR2E034 (9/99)