

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000005976**

1. Entity Name

TELEPHONICS WIRELESS CORP.**FILED**
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90164 034 ***150.00

Principal Place of Business

**815 BROAD HOLLOW ROAD
FARMINGDALE NY 11735**

Mailing Address

**815 BROAD HOLLOW ROAD
FARMINGDALE NY 11735**

00100101



DO NOT WRITE IN THIS SPACE

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 11-3569854		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324****7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BATTAGLIA, JOSEPH 815 BROAD HOLLOW ROAD FARMINGDALE NY 11735 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTHEWS, GARY 815 BROAD HOLLOW ROAD FARMINGDALE NY 11735 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASTOR, DONALD 815 BROAD HOLLOW ROAD FARMINGDALE NY 11735 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAMER, EDWARD I 100 JERICHO QUADRANGLE, SUITE 225 JERICHO NY 11753 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALEMIAN, ROBERT 100 JERICHO QUADRANGLE, SUITE 225 JERICHO NY 11753 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(631) 755-7156

CR2E034 (4/02)

Attachment
Doc. # F00000005976



July 24, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed is a copy of the 2002 Uniform Business Report for Telephonics Wireless Corp. As we did not receive this report prior to the filing deadline, I would request that we be allowed to remit the enclosed fee of \$150 as opposed to the \$550 fee. We ask for this one time exception, as this is only our second year of operation in the State of Florida, and we are still acclimating ourselves to the various reporting obligations.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "D. Nocera". The signature is written in a cursive, somewhat stylized script.

Dominick Nocera
Director of Accounting