

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90134 043 ***150.00

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DOCUMENT # F02000002790

1. Entity Name

OPTICAL SENSORS AND SWITCHES, INC.



Principal Place of Business

**2530 KIRBY AVENUE, N.E., SUITE 303
PALM BAY FL 32905**

Mailing Address

**2530 KIRBY AVENUE, N.E., SUITE 303
PALM BAY FL 32905**

60022785



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1907044

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1202 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

BARRY GROSSMAN

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

2530 KIRBY Ave NE Suite 303

City

PALM BAY

FL

32905

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BELFATTO, ROBERT V SR.**
STREET ADDRESS **505 2ND AVE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

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

TITLE **CEOD** ☐ Delete
NAME **LANG, JONATHAN**
STREET ADDRESS **7307 GORDONS ROAD**
CITY-ST-ZIP **FALLS CHURCH VA**

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

TITLE **SD** ☐ Delete
NAME **GROSSMAN, BARRY**
STREET ADDRESS **2530 KIRBY AVENUE, NE., SUITE 303**
CITY-ST-ZIP **PALM BEACH FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required, CEO

4/22/2003 ³²¹ **726 5933**

Date

Daytime Phone #

CR2E034 (10/02)