

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90141 039 ***150.00

DOCUMENT # F58380
1. Entity Name
 O.C.E.M. AVIONICS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1108 NW 36 DRIVE
3. Mailing Address 1108 NW 36 DRIVE

Suite, Apt. #, etc.
 City & State
GAINESVILLE FL
 Zip **32605** Country **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2255802
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **BASILE GIUSEPPE**

Street Address (P.O. Box Number is Not Acceptable)
1108 NW 36 DRIVE

City **GAINESVILLE FL** Zip Code **32605**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P BASILE GIUSEPPE 1108 NW 36 DRIVE GAINESVILLE FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Giuseppe Baile (Giuseppe BASILE) **4/25/02** **(352)373-2739**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)