2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F75659** Mar 31, 2000 8:00 am **Secretary of State** SATELLITE COMMUNICATIONS & ELECTRONICS, INC. 03-31-2000 90057 030 ***158.75 Mailing Address Principal Place of Business P O BOX 20792 8340 ULMERTON ROAD ST PETERSBURG FL 33742-0792 #210 LARGO FL 33771 110160 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2247635 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, H. DEAN Street Address (P.O. Box Number is Not Acceptable) 101st Ave N 3817 10263-GANDY-BLVD: N-#2415 Pinellas Park,FL STARESTEPS BURGOFIA \$3792x Zip Code 33782 City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 .. Trust Fund Contribution... Added to Fees (See criteria on back) OFFICERS AND DIRECTORS PD 🦪 Make Check Payable to Department of State 🕹 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 S. C. G. Mari IIITE . . z . . and the first of the second Delete O ☐ Change ☐ Addition NAME SCOTT, H DEAN NAME STREET ADDRESS STREET ADDRESS 8340 ULMERTON RD. #210 CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change ☐ Addition SD Delete TITLE TITLE SCOTT, ANNETTA G NAME NAME STREET ADDRESS STREET ADDRESS 8340 ULMERTON ROAD, #210 CITY-ST-7IP CITY-ST-ZIP LARGO FL ☐ Addition Change ____ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP