

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000928

1. Entity Name

GLOBAL ATMOSPHERICS, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90065 037 ***158.75

Principal Place of Business

Mailing Address

% LIGHTNING LOCATION AND PROTECTION, INC.
2705 E. MEDINA RD., SUITE 111
TUSCON AZ 85706-7155

% LIGHTNING LOCATION AND PROTECTION, INC.
2705 E. MEDINA RD., SUITE 111
TUSCON AZ 85706-7147

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

86-0785284

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

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 \$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	C	<input type="checkbox"/> Delete
NAME	ITO, MASAYOSHI	
STREET ADDRESS	3-8 OSAKI 4 CHROME	
CITY-ST-ZIP	SHINAGAWA-KU, TOKYO JAPAN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZUMBUSCH, PATRICK J	
STREET ADDRESS	2705 E. MEDINA RD.	
CITY-ST-ZIP	TUSCON AZ 85706-7155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THATCHER, BRUCE	
STREET ADDRESS	2705 E. MEDINA RD.	
CITY-ST-ZIP	TUSCON AZ 85706-7155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SETO, KATSUHIKO	
STREET ADDRESS	3-8 OSAKI 4 CHROME	
CITY-ST-ZIP	SHINAGAWA-KU, TOKYO JAPAN AZ 85706-7155	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAKAHASHI, SADA O	
STREET ADDRESS	3-8 OSAKI 4 CHROME	
CITY-ST-ZIP	SHINAGAWA-KU, TOKYO JAPAN AZ 85706-7155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUMMINS, KENNETH L	
STREET ADDRESS	2705 E MEDINA RD	
CITY-ST-ZIP	TUSCON AZ 85706	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIDEAKI KONDO	
STREET ADDRESS	3-8 OSAKI 4 CHROME	
CITY-ST-ZIP	SHINAGAWA-KU, TOKYO, JAPAN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

(520)-806-7300

Daytime Phone #

CR2E034 (9/99)