

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90354 032 ***158.75

DOCUMENT # F96000000855

1. Entity Name
DIGITAL LIGHTWAVE, INC.

8349

Principal Place of Business

15550 LIGHTWAVE DRIVE
CLEARWATER FL 33760
US

Mailing Address

15550 LIGHTWAVE DRIVE
CLEARWATER FL 33760
US

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

95-4313013

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, STEVEN H
15550 LIGHTWAVE DRIVE
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name **Mark E. Scott**
 Street Address (P.O. Box Number is Not Acceptable)
15550 Lightwave Drive
 City **Clearwater** FL Zip Code **33760**

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 *Mark E. Scott*

4/2/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, WILLIAM F	
STREET ADDRESS	418 DORSET ROAD	
CITY-ST-ZIP	DEVON PA 19333	
TITLE	PCDC	<input checked="" type="checkbox"/> Delete
NAME	CHATELET, GERRY	
STREET ADDRESS	15550 LIGHTWAVE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	EVCS	<input checked="" type="checkbox"/> Delete
NAME	GRANT, STEVEN H	
STREET ADDRESS	15550 LIGHTWAVE DR.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALLON, GERLAD	
STREET ADDRESS	10401 LAKESHORE BLVD	
CITY-ST-ZIP	BRATENAHL FL 44108	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUSSEY, ROBERT F	
STREET ADDRESS	16 WESTBURY ROAD	
CITY-ST-ZIP	GARDEN CITY NY 11590	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	MATZ, GEORGE	
STREET ADDRESS	15550 LIGHTWAVE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33760	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/CIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Bryan J. Zwan	
STREET ADDRESS	15550 Lightwave Drive	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark E. Scott	
STREET ADDRESS	15550 Lightwave Drive	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Green	
STREET ADDRESS	15550 Lightwave Drive	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Dunlap	
STREET ADDRESS	15550 Lightwave Drive	
CITY-ST-ZIP	Clearwater, FL 33760	
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: *Mark E. Scott*

4/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)