

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90035 001 \*\*\*300.00

**DOCUMENT # F96000004537**

**1. Entity Name**  
**EXIGENT INTERNATIONAL, INC.**

**Principal Place of Business**

**1225 EVANS ROAD**  
**MELBOURNE FL 32904-2314**

**Mailing Address**

**1830 PENN STREET**  
**MELBOURNE FL 32901**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**1025 W. NASA BLVD.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**1025 W. NASA BLVD.**  
 Suite, Apt. #, etc.

**City & State**

**MELBOURNE, FL**

**City & State**

**MELBOURNE, FL**

**4. FEI Number**

**59-3379927**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**32919**

**USA**

**Zip**

**Country**

**32919**

**USA**

**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**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DPCC</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>SMEDLEY, BERNARD R</b>	
<b>STREET ADDRESS</b>	<b>295 HWY A1A, 205</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BCH FL 32937</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>FRANK, PATRICIA A</b>	
<b>STREET ADDRESS</b>	<b>590 ROSADA STREET</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH FL 32937</b>	
<b>TITLE</b>	<b>T</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BALL, SALLY H</b>	
<b>STREET ADDRESS</b>	<b>1224 MIRA VISTA LANE</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE FL 32940</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>COLLIER, ARTHUR H</b>	
<b>STREET ADDRESS</b>	<b>1830 PENN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE FL 32901</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ROUB, B.R.</b>	
<b>STREET ADDRESS</b>	<b>1025 W. NASA DR.</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32919</b>	
<b>TITLE</b>	<b>VT D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WASSERMAN, D.S.</b>	
<b>STREET ADDRESS</b>	<b>1025 W. NASA BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32919</b>	
<b>TITLE</b>	<b>VC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CHRISTIE, J.L.</b>	
<b>STREET ADDRESS</b>	<b>1025 W. NASA BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32919</b>	
<b>TITLE</b>	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BALLANTYNE, R.L.</b>	
<b>STREET ADDRESS</b>	<b>1025 W. NASA BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32919</b>	
<b>TITLE</b>	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MIKLEN, SCOTT T.</b>	
<b>STREET ADDRESS</b>	<b>1025 W. NASA BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32919</b>	
<b>TITLE</b>	<b>A.T.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GREENE, CHARLES J.</b>	
<b>STREET ADDRESS</b>	<b>1025 W. NASA BLVD</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32919</b>	

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/02 (321) 727-9100**

Date

Daytime Phone #

CR2E034 (9/01)