

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90154 049 \*\*\*750.00

**DOCUMENT # F97000003430**

1. Entity Name  
**UNIQUE SEMICONDUCTOR TECHNOLOGIES, INC.**

Principal Place of Business  
**600 S NORTHLAKE BLVD. #160**  
**ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**9980 HUENNEKENS ST**  
**SAN DIEGO CA 92121**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0603871**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	P	<input checked="" type="checkbox"/> Delete
NAME	<b>BURDICK, JAMES</b>	
STREET ADDRESS	<b>15247 CAMINITO MARIA</b>	
CITY-ST-ZIP	<b>RANCHO SANTA FE CA 92067</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>STEVENSON, ROY</b>	
STREET ADDRESS	<b>17 THAMES PARK RD</b>	
CITY-ST-ZIP	<b>OXFORDSHIRE UK OX9-3-D</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>LINDROTH, DOUG</b>	
STREET ADDRESS	<b>14105 CAMINITO VISTANA</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92130</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>DICKEY, BILL</b>	
STREET ADDRESS	<b>4980 HUGNEKEAN STREET</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ASHWORTH, DAVID</b>	
STREET ADDRESS	<b>9980 HUENNEKENS STREET</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Phil Sansone</b>	
STREET ADDRESS	<b>9980 Huennkens St</b>	
CITY-ST-ZIP	<b>San Diego, CA 92121</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Lindmark</b>	
STREET ADDRESS	<b>9980 Huennkens St</b>	
CITY-ST-ZIP	<b>San Diego, CA 92121</b>	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)