

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91897 017 \*\*\*150.00

0657504 AT

**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  
**17757 US Hwy 19 N.**

3. Mailing Address  
**3721 Valley Centre Drive**

Suite, Apt. #, etc.  
**Ste. 370**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Clearwater, FL**

City & State  
**San Diego, CA**

4. FEI Number **33-0603871**

Applied For  
Not Applicable

Zip **33764**

Country **USA**

Zip **92130**

Country **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

**CT 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SANSORE, PHIL  
9980 HUENNEKENS ST  
SAN DIEGO CA 92121** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Phil Sansone  
3721 valley Centre Drive  
San Diego CA 92130** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STEVENSON, ROY  
17 THAMES PARK RD  
OXFORDSHIRE UK OX9-3-D** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[ ] Change ☐ Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LINDROTH, DOUG  
14105 CAMINITO VISTANA  
SAN DIEGO CA 92130** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[ ] Change ☐ Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LINDMARK, MICHAEL  
9980 HUENNEKENS ST  
SAN DIEGO CA 92121** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3721 valley Centre Drive  
San Diego CA 92130** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ASHWORTH, DAVID  
9980 HUENNEKENS STREET  
SAN DIEGO CA 92121** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3721 valley Centre Drive  
San Diego CA 92130** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[ ] Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[ ] Change ☐ Addition**

12. 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 10 or Block 11 if changed, or on an attachment thereto.

**SIGNATURE:**

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**  
Date

**858-314-8911**  
Daytime Phone #

CR2E034 (10/02)