

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F98000003078**1. Entity Name  
K.C. ELECTRO-MECHANICAL, INC.

## Principal Place of Business

957 STATE HWY 33 WEST

HIGHTSTOWN NJ  
08520

## Mailing Address

957 STATE HWY 33 WEST

HIGHTSTOWN NJ  
08520

## 2. Principal Place of Business

7A SOUTH GOLD DRIVE

Suite, Apt. #, etc.

## 3. Mailing Address

7A SOUTH GOLD DRIVE

Suite, Apt. #, etc.

## City &amp; State

HAMILTON NJ

Zip  
08691Country  
US

## City &amp; State

HAMILTON NJ

Zip  
08691Country  
US

## 4. FEI Number

22-3206644

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MARSHALL DAVID  
101 E. ALTAMONTE DR. APT. 1622ALTAMONTE SPRINGS FL  
32701 US

## 7. Name and Address of New Registered Agent

## Name

D'AMBRA MICHAEL OP MGR

Street Address (P.O. Box Number is Not Acceptable)  
892 W. LANDSTREET ROADCity  
ORLANDO

FL

Zip Code  
32824

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 **MICHAEL D'AMBRA**

03/19/2001

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGEARY BRIAN 201 INDIAN RIDGE TRAIL WOODSTOCK GA 30189 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DANIEL KULIK**

P

03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)