

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90066 014 ***150.00

DOCUMENT # F99000001898

1. Entity Name

STRATOS LIGHTWAVE-FLORIDA INCORPORATED

Principal Place of Business

**1450 TRELAND BLVD SE
 PALM BAY FL 32909**

Mailing Address

**1450 TRELAND BLVD SE
 PALM BAY FL 32909**

2. Principal Place of Business

1450 Treeland Blvd SE

Suite, Apt. #, etc.

3. Mailing Address

1450 Treeland Blvd SE

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip
32909

Country

City & State

Palm Bay FL

Zip
32909

Country

4. FEI Number

36-4286903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE **VP** ☐ Delete
 NAME **SCHARF, ROBERT**
 STREET ADDRESS **1450 TRELAND BLVD SE**
 CITY-ST-ZIP **PALM BAY FL 32909-2211**

TITLE **VP** ☐ Delete
 NAME **LORD, RANDAL**
 STREET ADDRESS **1450 TRELAND BLVD SE**
 CITY-ST-ZIP **PALM BAY FL 32909-2211**

TITLE **DS** ☐ Delete
 NAME **LIPINSKI, DAVID R**
 STREET ADDRESS **7444 W. WILSON AVE.**
 CITY-ST-ZIP **CHICAGO IL 60656**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **CDP James W. McGinley**
 STREET ADDRESS **7444 W. Wilson Ave**
 CITY-ST-ZIP **Chicago IL 60656**

TITLE ☐ Change ☒ Addition
 NAME **D Luis Torres**
 STREET ADDRESS **2 Knoll Ridge Road**
 CITY-ST-ZIP **Rolling Meadows, Illinois 60008**

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)