

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90108 034 ***550.00

0128490 AT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4286903**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. 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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHARF, ROBERT	
STREET ADDRESS	1450 TREELAND BLVD SE	
CITY-ST-ZIP	PALM BAY FL 32909-2211	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LORD, RANDAL	
STREET ADDRESS	1450 TREELAND BLVD SE	
CITY-ST-ZIP	PALM BAY FL 32909-2211	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LIPINSKI, DAVID R	
STREET ADDRESS	7444 W. WILSON AVE.	
CITY-ST-ZIP	CHICAGO IL 60656	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	MCGINLEY, JAMES W	
STREET ADDRESS	7444 W WILSON AVE	
CITY-ST-ZIP	CHICAGO IL 60656	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, LUIS	
STREET ADDRESS	2 KNOLL RIDGE RD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03 708-867-9600

Date

Daytime Phone #

CR2E034 (4/03)