

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002555

1. Entity Name

FLORIDA COMMAND SYSTEMS INC.

Principal Place of Business

76 BATTERSON PARK RD.  
FARMINGTON CT 06032

Mailing Address

76 BATTERSON PARK RD.  
FARMINGTON CT 06032

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

06-1135009

Applied For

Not Applicable

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

GREENE, GERALD J  
1350 E4 MAHAN DRIVE, STE 236  
TALLAHASSEE FL 32308

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 GERALD J. GREENE

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, 2000 Min. 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 ☐ Delete  
NAME PCD  
STREET ADDRESS CAPUTO, EDWARD G  
CITY-ST-ZIP 22 COBTAIL WAY  
SIMSBURY CT

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS CRAWFORD, JACK  
CITY-ST-ZIP 300 EAST BEACH RD  
CHARLESTOWN, RI 02813

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS WILCOX, STEPHEN  
CITY-ST-ZIP 329 TALL TIMBERS RD.  
GLASTONBURY CT

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS KETTERER, TED  
CITY-ST-ZIP 10 LOCKE RD  
WABAN, MA 02468-1416

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS KING, GLENN M  
CITY-ST-ZIP 135 COUNTRYSIDE DRIVE  
ROCKY HILL CT

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS SARGENT, JOSEPH  
CITY-ST-ZIP 25 COLONY RD  
WEST HARTFORD, CT 06117

TITLE ☒ Delete  
NAME T  
STREET ADDRESS DIXON, ROBERT B  
CITY-ST-ZIP 39 S. MAIN ST.  
ESSEX CT

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS CHRISTOPHER G ARON  
CITY-ST-ZIP 303 THASIE MILE ROAD  
GLASTONBURY CT 06033

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HARNDON, JOHN J  
CITY-ST-ZIP STILLWATER FARM, 135 HOUSATONIC RIVER RD  
SALISBURY CT 12 MISSILE LANE  
SIMSBURY, CT 06070

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS OATES, JAMES M  
CITY-ST-ZIP 83 LAKEHORE RD (LAKEHORE)  
ELKINS NH

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, with all other like empowered.

SIGNATURE:

CHRISTOPHER G ARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-00

Date

860-409-2051

Daytime Phone

CR2E034 (5/00)