Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90435 029 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

## F99000004540

1. Entity Name

UNIROYAL COMPOUND SEMICONDUCTORS, INC.



_	 _

Principal Place of Business 2 NORTH TAMIAMI TRAIL SUITE 900 SARASOTA FL 34236		Mailing Address 2 NORTH TAMIAMI TRAIL, SUITE 900 SARASOTA FL 34236								
2. Principal Place of Business		3. Mailing Address			( ( <b>46</b> /1 <b>41</b> 17/ <b>6</b> 18/10 19/11 88/11 49/17 88/1	N OBNI OPRN BIOGS BENT DI	Bil Bell Ibel			
602 SARASOTA QUAY		602 SARASOTA QUAY								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State		4.	4. FEI Number 58-2336141 Applied For					
SARASOTA, FL		SARASOTA, FL			00 2000 171		t Applicable			
Zip Country 34236		Zip Country 34236		. 5.	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7.	Name and Address of New Regis		<u> </u>			
o. Haile and Address of Garrent fregreters Agent			Name	·						
C T CORPORATION SYSTEM				'						
		Street Address		dress (P.O. I	(P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			<del></del>							
			City	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										
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. Tam familiar with, and accept the obligations of registered agent.										
SIGNATURE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					Election Campaign Financi     Trust Fund Contribution.		May Be to Fees			
10.	OFFICERS AND D	IRECTORS	11.	Al	DDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS	IN 11			
TITLE	CD	☐ Delete	TITLE			Change	Addition			
NAME	CURD, HOWARD R		NAME	£02 GARACOMA OTAY						
	- 110		STREET ADDRESS		602 SARASOTA QUAY SARASOTA, FL 34236					
	SARASOTA FL 34236		CITY-ST-ZIP '	SAKAS	U1A, FL 34230					
TITLE NAME	P	☐ Delete	TITLE			🛣 Change	Addition			
	SORAN, ROBERT L	nn.	NAME STREET ADDRESS	602 g	ADACOTA OHAV					
CITY-ST-ZIP	2 NORTH TAMIAMI TRAIL, SUITE 9  SARASOTA FL 34236	UU	CITY-ST-ZIP	VOZ DIMINOZNI QUITI						
	VT	□ Delete	TITLE	OIMUID	0111, 10 34230	K Change	Addition			
NAME	ZULANAS, GEORGE J JR.	□ Detete	NAME			-E Change	Addition			
	2 NORTH TAMIAMI TRAIL, SUITE 9	00	STREET ADDRESS	602 S	ARASOTA QUAY		1			
	SARASOTA FL 34236		CITY-ST-ZIP		OTA, FL 34236		:			
	VS .	☐ Delete	TITLE				☐ Addition			
NAME	JANNEY, OLIVER J		NAME							
	2 NORTH TAMIAMI TRAIL, SUITE 9	00	STREET ADDRESS		ARASOTA QUAY		ĺ			
CITY-ST-ZIP `	SARASOTA FL 34236		CITY-ST-ZIP	SARAS	OTA, FL 34236					
TITLE	•	☐ Delete	TITLE			☐ Change	☐ Addition			
NAME			NAME				1			
STREET ADDRESS	ĭ .		STREET ADDRESS				.			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME CARRELL ADDOCECO			NAME				-			
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP							
OITT-OITE	L	<del> </del>	GITT-31-ZIF			<del></del>				

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:

REQUIOTIVER J. Janney, Sec'y. ME OF SIGNING OFFICER OR DIRECTOR

941/362-1808

CR2E034 (10/02)