

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 031 ***150.00

DOCUMENT # H88091

1. Entity Name

COMMUNICATIONS SUPPORT EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

B0058820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7792 PROFESSIONAL PL.

Suite, Apt. #, etc.

U.S. 301 INDUSTRIAL PK

City & State

TAMPA, FL

Zip

33637

Country

HILLSBOROUGH

3. Mailing Address

7792 PROFESSIONAL PLACE

Suite, Apt. #, etc.

U.S. 301 INDUSTRIAL PARK

City & State

TAMPA, FL

Zip

33637

Country

HILLSBOROUGH

4. FEI Number

59 -2630878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HAWTHORNE, GERRY E.

Street Address (P.O. Box Number is Not Acceptable)

7792 PROFESSIONAL PLACE

U.S. 301 INDUSTRIAL PARK

City

TAMPA

FL

Zip Code

33637

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PRESIDENT
HAWTHORNE, GERRY E.
17912 ST. CROIX ISLE DR.
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SEC/TRES
HAWTHORNE, SHARON A
17912 ST. CROIX ISLE DR.
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
HAWTHORNE, MICHAEL E
10608 BRANCHTON CHURCH ROAD
THONOTOSASSA, FL 33592**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Hawthorne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2002
Date

813-988-8909
Daytime Phone #

CR2E034B (12/01)