

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90273 048 ***150.00

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DOCUMENT # J15822

1. Entity Name
QUALICOM SYSTEMS, INC.



Principal Place of Business
**2100 ELECTRONICS LANE
FORT MYERS FL 33912**

Mailing Address
**2100 ELECTRONICS LANE
FORT MYERS FL 33912**

11018453



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 **59-2684589**

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

7. Name and Address of New Registered Agent

**SOLOMON, GENE
1342 COLONIAL BLVD.
SUITE 11
FORT MYERS FL 33907**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DWYER, JAMES A., JR.	
STREET ADDRESS	2100 ELECTRONICS LN.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DWYER, NANCY L.	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	DWYER, VIRGINIA E.	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTERO, THERESA COX	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	DWYER, CHRISTOPHER B.	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DWYER, MARGARET M	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	

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		
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03

239-489-1600

CR2E034 (10/02)