

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41845

1. Entity Name

COVERAGE PLUS ANTENNA SYSTEMS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90086 035 ***150.00

Principal Place of Business

1700 SOUTH DIXIE HWY
 BOCA RATON FL 33432
 US

Mailing Address

1549 RINGLING BLVD
 THIRD FLOOR
 SARASOTA FL 34236-6764
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0084067**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

TODD, DECKER A
 1549 RINGLING BLVD.
 THIRD FLOOR
 SARASOTA FL 34236

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	DELL'APA, JAMES M	
STREET ADDRESS	1009 ST. ANN STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70116	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLSEY, ROBERT J	
STREET ADDRESS	8944 FISHERMANS BAY	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GABOURY, BEN	
STREET ADDRESS	7444 MYRICA DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	TODD, DECKER A	
STREET ADDRESS	803 BENNINGER DR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID KOEHLER	
STREET ADDRESS	1549 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN R. DAY	
STREET ADDRESS	361 C'EZZANE DRIVE	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE E. SHIRLEY	
STREET ADDRESS	13502 2ND AVENUE EAST	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Christine Shirley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE SHIRLEY 4/2000 (941) 364-8886
 Date Daytime Phone #
 TREASURER

CR2E034 (9/99)