

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90022 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L78376**

1. Entity Name  
**TESS MARINE ELECTRONICS, INC.**

Principal Place of Business  
 C/O PAUL SALENIKS BRADFORD MARINE  
 3051 STATE RD 84  
 FT LAUDERDALE FL 33312  
 US

Mailing Address  
~~8 34W 40TH STREET~~  
 FT. LAUDERDALE FL 33015-4526  
 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3051 STATE Rd 84**  
 Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

Zip  
**33312** Country  
**USA**

4. FEI Number  
**65-0203213**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SALENIKS, PAUL**  
~~7300 NW 54TH CT~~  
**LAUDERHILL FL 33310**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3051 STATE ROAD 84**  
 City **FT LAUDERDALE FL** Zip Code **33312**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>SALENIKS, PAUL</b> <del>7300 NW 54TH CT</del> <b>LAUDERHILL FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SALENIKS, PAUL</b> <b>3051 STATE Rd 84</b> <b>FT. LAUDERDALE, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>SALENIKS, MARY</b> <del>7300 NW 54TH CT</del> <b>LAUDERHILL FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SALENIKS, MARY</b> <b>3051 STATE Rd 84</b> <b>FT. LAUDERDALE, FL 33312</b>
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Saleniks **PAUL SALENIKS** 1-28-00 954-5837-262  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)