

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90132 039 ***150.00

961597



DO NOT WRITE IN THIS SPACE

DOCUMENT # L94000000411

1. Entity Name

INCOMP ELECTRONICS USA, L.C.

Principal Place of Business

**4731 W. ATLANTIC AVENUE
 B13
 DELRAY BEACH FL 33445**

Mailing Address

**4731 W. ATLANTIC AVENUE
 B13
 DELRAY BEACH FL 33445**

2. Principal Place of Business

1600 SARNO RD

3. Mailing Address

← SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #211

City & State

City & State

MELBOURNE

Zip

Country

Zip

Country

32935

BREVARD

4. FEI Number

65-0514413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULTON, DRAKE

**11211 S. MILITARY TRAIL, #4324
 BOYNTON BEACH FL 33436**

Name

DRAKE FULTON

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

792-E BRITANNY DR.

City

INDIANLANTIC

FL

Zip Code

32903

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGMB
 FULTON, DRAKE
 2519 N. OCEAN BLVD., APT. 206
 BOCA RATON FL 33431** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT
 DRAKE FULTON
 792-E BRITANNY DR
 INDIANLANTIC, FL 32903** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #