

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90141 002 ***277.50

DOCUMENT # M05000006966
1. Entity Name
Bulova Technologies EMS LLC



DO NOT WRITE IN THIS SPACE

60043987

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #
3900 Sarno Road
Suite, Apt. #, etc.

3. Mailing Address
3900 Sarno Road
Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
51-0561666

Applied For
Not Applicable

Zip
32934
Country
USA

Zip
32934
Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Craig Schnee

Street Address (P.O. Box Number is Not Acceptable)
3900 Sarno Rd.

City
Melbourne
FL
Zip Code
32934

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 Craig Schnee 5/22/08
(NOTE: For a direct Agent signature required when not holding)

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STEPHEN L. GURBA
STREET ADDRESS
19337 US 19 North, Suite 525
CITY-ST-ZIP
Clearwater, FL 33764

TITLE
NAME
President and Secretary
STREET ADDRESS
Craig Schnee
CITY-ST-ZIP
3900 Sarno Rd.
Melbourne, FL 32934

TITLE
NAME
Vice President
STREET ADDRESS
Jeff Henderson
CITY-ST-ZIP
3900 Sarno Rd
Melbourne, FL 32934

TITLE
NAME
Vice President
STREET ADDRESS
Ray Sadaat
CITY-ST-ZIP
3900 Sarno Road
Melbourne, FL 32934

TITLE
NAME
Vice President
STREET ADDRESS
Bert Pooley
CITY-ST-ZIP
3900 Sarno Road
Melbourne, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: President 5/22/08 (717) 578-3139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR