

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

01 APR 27 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001183

1. Entity Name

UNIROYAL OPTOELECTRONICS, LLC

Principal Place of Business

3401 CRAGMONT DRIVE, BUILDING 500
TAMPA FL 33619

Mailing Address

2 NORTH TAMiami TRAIL, SUITE 900
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0841574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM CURD, HOWARD R ☐ Delete
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 900
CITY-ST-ZIP SARASOTA FL 34236

TITLE NAME MGRM SORAN, ROBERT L ☐ Delete
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 900
CITY-ST-ZIP SARASOTA FL 34236

TITLE NAME MGRM FARLEY, CRAIG ☐ Delete
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 900
CITY-ST-ZIP SARASOTA FL 34236

TITLE NAME MGRM CURD, HOWARD F ☐ Delete
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 900
CITY-ST-ZIP SARASOTA FL 34236

TITLE NAME MGRM WERTHAM, THOMAS J ☐ Delete
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 900
CITY-ST-ZIP SARASOTA FL 34236

TITLE NAME * ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300004212013
CITY-ST-ZIP -05/11/01--01088--025
*****50.00 *****50.00

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)