

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90506 025 ****61.25

DOCUMENT # N02000001522

1. Entity Name

PROGRAMMABLE LOGIC USER GROUP, INC.



Principal Place of Business

**10380 131ST STREET
LARGO FL 33774**

Mailing Address

**10380 131ST STREET
LARGO FL 33774**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KILLINGSWORTH, JACK
10380 131ST STREET
LARGO FL 33774**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

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	D	<input type="checkbox"/> Delete
NAME	KILLINGSWORTH, JACK	
STREET ADDRESS	10380 131ST STREET	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUMIA, JAMES	
STREET ADDRESS	3301 W BARCELONA STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BELVIN, STEVE	
STREET ADDRESS	13265 108TH AVENUE	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIMMERY, CLIFFORD E	
STREET ADDRESS	2045 SUNSET GROVE LANE	
CITY-ST-ZIP	CLEARWATER FL 33765-1254	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SJOQUIST, GREG	
STREET ADDRESS	1806 OAKFOREST DRIVE WEST	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEDLAKE, JIM	
STREET ADDRESS	11671 GROVE STREET	
CITY-ST-ZIP	SEMINOLE FL 33772	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, Thomas	
STREET ADDRESS	215 1st Street	
CITY-ST-ZIP	Indian Rocks Beach, FL 33755	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Andrews **Thomas J. Andrews** 4/14/2003 717-593-3475

CR2E037 (10/02)