

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90032 043 ***150.00

DOCUMENT # P00000014261

1. Entity Name
CONFLUENT RF SYSTEMS, INC.

Principal Place of Business

1270 CLEARMONT ST NE
 SUITE 3
 PALM BAY FL 32905

Mailing Address

267 LOGGERHEAD DRIVE
 MELBOURNE BEACH FL 32951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1591 Robert J. Conlan Blvd, NE

3. Mailing Address

P.O. BOX 61540

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State
 Palm Bay Florida

City & State
 Palm Bay Florida

4. FEI Number

59-3624858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SNAWERDT, PETER
 267 LOGGERHEAD DRIVE
 MELBOURNE BEACH FL 32951

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

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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCEO
 SNAWERDT, PETER
 267 LOGGER HEAD DRIVE
 MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SNAWERDT, KATHY
 267 LOGGER HEAD DRIVE
 MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002

Date

Daytime Phone #

321-726-0789

CR2E034 (9/01)