

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90900 046 ***150.00

DOCUMENT # P00000014261

1. Entity Name
CONFLUENT RF SYSTEMS, INC.



Principal Place of Business
**1591 ROBERT J. CONLAN BLVD. NE
STE 100
PALM BAY FL 32905**

Mailing Address
**P.O. BOX 61540
PALM BAY FL 32906**

10031133



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 **59-3624858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNAWERDT, PETER
1270 CLEARMONT ST NE, SUITE 3
PALM BAY FL 32905**

Name **Snawerdt, Peter**

Street Address (P.O. Box Number is Not Acceptable)
1591 Robert J. Conlan Blvd, NE #100

City **Palm Bay**

FL

Zip Code
32905

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PCEO** ☒ Change ☐ Addition
NAME **Snawerdt, Peter**
STREET ADDRESS **114 Martesia Way**
CITY-ST-ZIP **Indian Harbour Beach, FL 32937**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Snawerdt, Kathy**
STREET ADDRESS **114 Martesia Way**
CITY-ST-ZIP **Indian Harbour Beach, FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Change ☒ Addition
NAME **Young, Inga**
STREET ADDRESS **1040 Wimbledon Drive**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)