

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028259

1. Entity Name
MONOLITHIC SYSTEMS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90015 009 ***150.00

Principal Place of Business

4502 S PEEPLES ROAD
PLANT CITY FL 33565

Mailing Address

4502 S PEEPLES ROAD
PLANT CITY FL 33565

2. Principal Place of Business

13212 Ft. King Rd.

Suite, Apt. #, etc.

3. Mailing Address

13212 Ft. King Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Dade City, FL

City & State
Dade City, FL

4. FEI Number
59-3661333

Applied For
Not Applicable

Zip
33525

Country
USA

Zip
33525

Country
USA

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

BOYD, GARY L

~~4502 S PEEPLES ROAD~~
~~PLANT CITY FL 33565~~

Name

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

13212 Ft. King Rd.

City
Dade City, FL

FL

Zip Code
33525

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, GARY L 4502 S PEEPLES ROAD PLANT CITY FL 33565	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / T/D Boyd, Gary L. 13212 Ft. King Rd. Dade City, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Fountain, Rodney 2324 Windstone Pensacola, FL 32526	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Boyd, Lucy 13212 Ft. King Rd. Dade City, FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

352-S18-0576

Daytime Phone #

CR2E034 (10/00)