

5/15/

FILED**Jun 07, 2001 8:00 am**
Secretary of State

05-15-2001 90174 037 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000050653**

1. Entity Name

I GROUP ELECTRONICS, INC.

Principal Place of Business

Mailing Address

3851 62ND AVE., NORTH
SUITE A
PINELLAS PARK FL 337813851 62ND AVE., NORTH
SUITE A
PINELLAS PARK FL 33781

2. Principal Place of Business

6240 39th Street North

3. Mailing Address

6240 39th Street North

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

Pinellas Park, FL 33781

City & State

Pinellas Park, FL 33781

Zip

Country

Zip

Country

4. FEI Number

59-3647606

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

LARSON, H. WILLIAM
11199 69TH ST. NORTH
LARGO FL 33773

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	President	<input type="checkbox"/> Delete
NAME	Richard A. Cliff	
STREET ADDRESS	10251 Myrtle Oak Lane	
CITY-ST-ZIP	Largo, FL 33777	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Shannon L. Wren	
STREET ADDRESS	2098 Whitney Place	
CITY-ST-ZIP	Clearwater FL 33760	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Sec/Treas.	<input type="checkbox"/> Delete
NAME	Sean R. Colpoys	
STREET ADDRESS	1832 Fox Circle	
CITY-ST-ZIP	Clearwater, FL 33762	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
William H. Larson

6/4/2001

05/01/2001 (727) 522-3464

Date

Daytime Phone #

CR2E034 (10/00)