## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000066916 Feb 05, 2001 8:00 am **Secretary of State** GENERAL SENSORS, INC. 02-05-2001 90130 031 \*\*\*150.00 Principal Place of Business Mailing Address 711 BADVIEW DR. -5/11 BAYVIEW DR: FI LAUDERDALE FL 33308 FT-LAUDERDALE FL-83308 2. Principal Place of Business 3. Mailing Address COURT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-102425 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent HILL EDWARD A ESQ Street Address (P.O. Box Number is Not Acceptable) 1715 W CLEVELAND ST TAMPA FL 33606 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete BRACK, ALLAN F 1149 DIXON COURT STATE BANGER DR. STREET ADDRES STREET ADDRESS DUNEDIN FL FT-LAUDERDALE-FL-03398 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE BUCKLEY, RICHARD M NAME NAME 1149 DIXON COURT 5711\_BAYOUEW-DR. STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP UNEDIN TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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, w all other like empowered.

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