

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90193 001 \*\*\*150.00

**DOCUMENT # P01000049216**

**1. Entity Name**  
**WAVE ELECTRONICS OF DELTONA, INC**

**Principal Place of Business**

**829 DELTONA BLVD**  
**DELTONA FL 32725**

**Mailing Address**

**829 DELTONA BLVD**  
**DELTONA FL 32725**

**2. Principal Place of Business**

**1235-C Providence Blvd**

**3. Mailing Address**

**1235-C Providence Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Deltona FL**

**City & State**

**Deltona FL**

**4. FEI Number**

**59-3724204**

**Applied For**

**Not Applicable**

**Zip**

**32725**

**Country**

**US**

**Zip**

**32725**

**Country**

**US**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VIA, WILLIAM S**  
**5971 BROKEN BOW LN**  
**PORT ORANGE FL 32127**

**7. Name and Address of New Registered Agent**

**Name Richard S. Proffit**

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

**129 Woodcock Ct.**

**City Daytona Beach**

**FL**

**Zip Code**

**32119**

**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.

**Richard S. Proffit VP**

**3-11-02**

(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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>VIA, WILLIAM S</b>	
<b>STREET ADDRESS</b>	<b>5971 BROKEN BOW LN</b>	
<b>CITY-ST-ZIP</b>	<b>PORT ORANGE FL 32127</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>101 N. Warwick Trace</b>
<b>CITY-ST-ZIP</b>	<b>Goose Creek SC 29445</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>V.P. Richard S. Proffit</b>
<b>STREET ADDRESS</b>	<b>129 Woodcock Ct</b>
<b>CITY-ST-ZIP</b>	<b>Daytona Beach FL 32119</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Secretary Sue Via</b>
<b>STREET ADDRESS</b>	<b>101 N. Warwick Trace</b>
<b>CITY-ST-ZIP</b>	<b>Goose Creek SC 29445</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Treasurer Mary T Proffit</b>
<b>STREET ADDRESS</b>	<b>129 Woodcock Ct</b>
<b>CITY-ST-ZIP</b>	<b>Daytona Beach, FL 32119</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

**Richard S. Proffit VP**

**3-11-02**

**386-574-6498**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)