

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-07-2003 90150 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000115561

1. Entity Name
THE CORNER MICROWAVE CORPORATION



Principal Place of Business
512 79TH AVENUE
SAINT PETERSBURG FL 33706

Mailing Address
512 79TH AVENUE
SAINT PETERSBURG FL 33706

55047235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1157285

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75-Additional
Fes Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVANOUSKAS, VYTAS
512 79TH AVENUE
SAINT PETERSBURG FL 33706

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. 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	D	<input type="checkbox"/> Delete
NAME	IVANOUSKAS, VYTAS	
STREET ADDRESS	512 79TH AVENUE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, KARAN	
STREET ADDRESS	512 79TH AVENUE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE		<input type="checkbox"/> Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/5/03

Daytime Phone #

727 363-8771

CR2E034 (1/02)