

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90055 007 ***150.00

0082313 AV

DOCUMENT # P02000118941

1. Entity Name
ELECTRONIC COMPONENT SOLUTIONS, INC.



Principal Place of Business
**1113 NW 62ND AVENUE
MARGATE FL 33063**

Mailing Address
**1113 NW 62ND AVENUE
MARGATE FL 33063**



2. Principal Place of Business
655 W. Fulton St.
Suite, Apt. #, etc.
Ste. 3

3. Mailing Address
655 W. Fulton St.
Suite, Apt. #, etc.
Ste 3

City & State
Sanford, FL.

City & State
Sanford, FL

Zip Country
32771 FLA

Zip Country
32771 USA

4. FEI Number
16-1657417

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSEN, JEROME L
7880 N. UNIVERSITY DRIVE
201
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P WONDOLOWSKI, MICHAEL 1113 NW 62ND AVENUE MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WONDOLOWSKI, TONYA 1113 NW 62ND AVENUE MARGATE FL 33063	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1336 Cardinal Cove Circle Sanford, FL. 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1336 Cardinal Cove Circle Sanford, FL. 32771
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tanya L. Wondolowski **7/28/03** **(407)268-9726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

Electronic Component Solutions, Inc.
655 W. Fulton St.
Suite 3
Sanford, Fl. 32771

86136338
PD2000118941

To whom it may concern,

This is the first notice I received regarding our UBR, please except \$150.00 as our payment. Please also note the address change as we have had problems getting our mail.

Thank you

Tonya Wondolowski

Tonya Wondolowski
Vice President