

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067951

1. Entity Name
CGI ELECTRONICS, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

07-26-2000 90009 038 ***150.00
09-13-2000 90022 018 ***408.75

Principal Place of Business
4269 SOUTH HOPKINS AVENUE
TITUSVILLE FL 32780

Mailing Address
4269 SOUTH HOPKINS AVENUE
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3273576

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

EXLINE, CARL
6190 FAY BOULEVARD
COCOA FL 32927

Name CARL EXLINE JR

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

236 PARKER DRIVE

City TITUSVILLE FL Zip Code 32780

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 *Carl E. Exline Jr*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE 7/5/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME EXLINE, CARL E JR.
STREET ADDRESS 6190 FAY BOULEVARD
CITY-ST-ZIP COCOA FL 32927 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME EXLINE, SHERRI C
STREET ADDRESS 6190 FAY BOULEVARD
CITY-ST-ZIP COCOA FL 32927 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MCKINNEY, GARY N
STREET ADDRESS 3620 SAND COURT
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MCKINNEY, DEBRA F
STREET ADDRESS 3620 SAND COURT
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Carl E. Exline Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL E. EXLINE JR

Date

Daytime Phone #

CR2E034 (5/00)