

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067951

1. Entity Name

CGI ELECTRONICS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90222 009 ***158.75

766242



DO NOT WRITE IN THIS SPACE

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		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EXLINE, CARL 236 PARKER DRIVE TITUSVILLE FL 32780		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.

SIGNATURE Carl Exline CARL EXLINE DATE 5/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D EXLINE, CARL E JR. <input type="checkbox"/> Delete	TITLE	EXLINE, CARL JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXLINE, CARL E JR.	NAME	4280 VANGUARD AV
STREET ADDRESS	6190 FAY BOULEVARD	STREET ADDRESS	TITUSVILLE FL 32780
CITY-ST-ZIP	COCOA FL 32927	CITY-ST-ZIP	
TITLE	D MCKINNEY, GARY N <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, GARY N	NAME	
STREET ADDRESS	3620 SAND COURT	STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	CITY-ST-ZIP	
TITLE	D MCKINNEY, DEBRA F <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, DEBRA F	NAME	
STREET ADDRESS	3620 SAND COURT	STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Exline CARL EXLINE DATE 5/1/01 DAYTIME PHONE # 321-268-2866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)