

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90026 041 \*\*\*150.00

**DOCUMENT # P94000088022**

1. Entity Name

**ROCKLEDGE MICROSYSTEMS, INC.**

Principal Place of Business

3950 DOW ROAD  
 SUITE A  
 MELBOURNE FL 32934  
 US

Mailing Address

3950 DOW ROAD  
 SUITE A  
 MELBOURNE FL 32934-9216  
 US

2. Principal Place of Business

3. Mailing Address

1450 Treeland Blvd SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

Country

32909-2211 BREVARD

4. FEI Number

59-3306084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

REINMAN, JAMES L.  
 1825 S. RIVERVIEW DR.  
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Joel Boyd  
 Dean, Head, Spielvogel, Goldman, & Boyd  
 7380 Murrell Rd Suite 100

City

Viera

FL

Zip Code

32940

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.

(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, 2000 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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	LORD, RANDAL B.	
STREET ADDRESS	3950 DOW ROAD, STE. A	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SCHARF, ROBERT M.	
STREET ADDRESS	3950 DOW ROAD, STE. A	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, Randal B.	
STREET ADDRESS	1450 Treeland Blvd	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scharf Robert M.	
STREET ADDRESS	1450 Treeland Blvd	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Scharf March 13/2000 321-308-4100

Date

Daytime Phone #

CR2E034 (9/99)