

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90676 038 \*\*\*150.00

0354696 AV

**DOCUMENT # P95000046906**

1. Entity Name

**SV MICROWAVE COMPONENTS GROUP, INC.**

Principal Place of Business

**3301 ELECTRONICS WAY STE D  
WEST PALM BEACH FL 33407**

Mailing Address

**3301 ELECTRONICS WAY STE D  
WEST PALM BEACH FL 33407**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2400 Centrepark West Dr.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

City & State

4. FEI Number

**65-0946475**

Applied For

Not Applicable

Zip

**33409**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JANNEY, CJ**

**3301 ELECTRONICS WAY STE D  
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

**Michael J. Porter**

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

**2400 Centrepark West Drive**

Suite 100

City

**West Palm Beach,**

**FL**

Zip Code

**33409**

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.

**Michael J. Porter, Controller** 3-13-02

(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, 2002 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** ☐ Delete  
NAME **MARTIN, W. C.**  
STREET ADDRESS **3301 ELECTRONICS WAY, #D**  
CITY-ST-ZIP **W PALM BEACH FL 33407**

TITLE **D** ☒ Delete  
NAME **MCWHORTER, MARK**  
STREET ADDRESS **7247 BRYAN DAIRY ROAD**  
CITY-ST-ZIP **LARGO FL 33777**

TITLE **D** ☐ Delete  
NAME **COLAIANNI, WILLIAM R**  
STREET ADDRESS **10 EAST 53 STREET, 30TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Martin, W.C.**  
STREET ADDRESS **2400 Centrepark West Dr., Ste. 100**  
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **D** ☐ Change ☒ Addition  
NAME **Morelli, John**  
STREET ADDRESS **2400 Centrepark West Dr., Ste. 100**  
CITY-ST-ZIP **West Palm Beach, FL 33409**

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

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

TITLE ☐ Change ☐ Addition  
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 of a 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:

**W.C. Martin**

**3-13-02**

**561-840-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)