

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049992

1. Entity Name

SILICONEXION, INC.

Principal Place of Business

10380 131ST ST
LARGO FL 33774
US

Mailing Address

100 SUMMERWIND LANE
OLDSMAR FL 34677-4227
US

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 59-3383275

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

KILLINGSWORTH, JESSE J
10380 131ST ST
LARGO FL 33774

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME MOORE, WAYNE T
STREET ADDRESS 3151 LANDMARK DR., #123
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE <same>
NAME <same>
STREET ADDRESS 100 Summerwinds Lane
CITY-ST-ZIP Oldsmar, FL 34677 ☒ Change ☐ Addition

TITLE VD
NAME KILLINGSWORTH, JESSE J.
STREET ADDRESS 10380 131ST ST.
CITY-ST-ZIP LARGO FL ☐ Delete

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

TITLE SD
NAME CALTAGIRONE, JOSEPH D.
STREET ADDRESS 3401 SKYSAIL PL
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE <same>
NAME <same>
STREET ADDRESS 7006 Bonaventure Dr.
CITY-ST-ZIP Tampa, FL 33607 ☒ Change ☐ Addition

TITLE D
NAME LUMIA, JAMES
STREET ADDRESS 2615 PARKLAND BLVD.
CITY-ST-ZIP TAMPA F ☐ Delete

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

TITLE D
NAME WEDLAKE, JAMES
STREET ADDRESS 11671 GROVE ST.
CITY-ST-ZIP SEMINOLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

WAYNE MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2000 727-786-0004
Date Daytime Phone #

CR2E034 (9/99)