

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90004 027 ***150.00

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
 US**

2. Principal Place of Business

3. Mailing Address

10380 - 131st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo, FL

4. FEI Number

59-3383275

Applied For

Not Applicable

Zip

Country

Zip

Country

33774

USA

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **MOORE, WAYNE T**
 STREET ADDRESS **100 SUMMERWINDS LANE**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE **SD** ☒ Delete
 NAME **CALTAGIRONE, JOSEPH D.**
 STREET ADDRESS **7006 BONAVENTURE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **STD** ☐ Change ☒ Addition
 NAME **Thomas J. Andrews**
 STREET ADDRESS **215 1st Street**
 CITY-ST-ZIP **Indian Rocks Beach, FL 33785**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Lumia, James S**
 STREET ADDRESS **3301 W. Barcelona Street**
 CITY-ST-ZIP **Tampa, FL 33629**

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

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:

J. Killingsworth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002
 Date

727 596-1990
 Daytime Phone #

CR2E034 (9/01)