

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052094

1. Entity Name

COMMERCIAL MICROWAVE COMPONENTS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90015 043 ***150.00

Principal Place of Business

Mailing Address

300 FRANDORSON CIRCLE
 STE 203
 APOLLO BEACH FL 33572
 US

300 FRANDORSON CIRCLE
 STE 203
 APOLLO BEACH FL 33570-3763
 US

2. Principal Place of Business

302 US Hwy 41 NORTH

Suite, Apt. #, etc.

3. Mailing Address

302 US Hwy 41 NORTH

Suite, Apt. #, etc.

City & State

RUSKIN, FL

Zip

33570

Country

City & State

RUSKIN, FL

Zip

33570

Country

4. FEI Number

59-3388408

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

FAMEREE, JODY
 906 RETRIEVER AVENUE
 SEFFNER FL 33584

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	D	<input type="checkbox"/> Delete
NAME	FAMEREE, JODY	
STREET ADDRESS	906 RETRIEVER AVENUE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAY, TIM	
STREET ADDRESS	1007 RIVER DR	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE		<input type="checkbox"/> Delete
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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

Jody Famerée
 PRESIDENT

4/20/00

Date

813-645-9195

Daytime Phone #

CR2E034 (9/99)