**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90086 006 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

RUSKIN FL 33570

HS

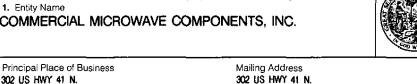
P96000052094 DOCUMENT #

1. Entity Name

RUSKIN FL 33570

US

COMMERCIAL MICROWAVE COMPONENTS, INC.





2. Principal Place of Business 3. Mailing Address 1810-112 S. PARSONA ANE. 1810-112 S. PARJUNS AUE. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3388408 SEFFNER SEGGNER Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAMEREE, JODY Street Address (P.O. Box Number is Not Acceptable) 906 RETRIEVER AVENUE SEFFNER FL 33584 City Zip Code ty submits that ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above name en the obligations of registered agent ESIDEM SIGNATURE (NOTE: Registered Agent signature required when reinstating) ame of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Addition FAMEREE, JODY NAME NAME STREET ADDRESS 906 RETRIEVER AVENUE STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP CITY-ST-782 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 of trustee emproyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

GNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Addition

☐ Change