

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024787

1. Entity Name

FLORIDA ELECTRONIC SYSTEMS, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90010 036 \*\*\*550.00

Principal Place of Business

1802-102 N. UNIVERSITY DRIVE, SUITE 242  
PLANTATION FL 33322

Mailing Address

1802-102 N. UNIVERSITY DRIVE, SUITE 242  
PLANTATION FL 33322

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

65-0746374

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

BAILEY, JAMES  
4301 SW 77TH AVE  
DAVIE FL 33328

Name MORRIS, David M

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

18100 S.W. 55 Street

Ft. Lauderdale, FL 33331

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PSD	<input type="checkbox"/> Delete
NAME	MORRIS, DAVID M	
STREET ADDRESS	18100 SW 55TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JAMES	
STREET ADDRESS	4301 SW 77TH AVE.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*David M. Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-2000 (954) 321 0952  
Date Daytime Phone #

CP2E034 (5/00)