

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000068049****1. Entity Name**  
**ELECTRONICS SPECIALISTS, INC.****FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90016 050 \*\*\*150.00

**00002451**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
7621 15ST  
UNIT 1D  
SARASOTA FL 34243**Mailing Address**  
7621 15ST  
UNIT 1D  
SARASOTA FL 34243**2. Principal Place of Business**  
1950 Northgate Blvd  
Suite Apt. #, etc.  
D-1**3. Mailing Address**  
1950 Northgate Blvd.  
Suite Apt. #, etc.  
D-1**City & State**  
SARASOTA, FL.  
**Zip**  
34234  
**Country**  
SARASOTA**City & State**  
SARASOTA, FL.  
**Zip**  
34234  
**Country**  
SARASOTA**4. FEI Number** 65-0771667  
**Applied For**  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**OSBORNE, MICHELE L  
7621 15TH ST E  
SARASOTA FL 34243**7. Name and Address of New Registered Agent****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** Michele L Osborne **DATE** 1-4-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	OSBORNE, SCOTT	3509 27TH ST. CT. E	BRADENTON FL 34208	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Michele L. Osborne	3509 27th St Ct E.	Bradenton, FL 34208		

CR2E034 (10/00)

**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:** Michele L Osborne **DATE** 1-4-01 **Daytime Phone #** 941-360-0747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR