

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90183 045 ***150.00

DOCUMENT # P97000068049

1. Entity Name

ELECTRONICS SPECIALISTS, INC.

Principal Place of Business

**1950 NORTHGATE BLVD
 UNIT 1D
 SARASOTA FL 34243**

Mailing Address

**1950 NORTHGATE BLVD
 UNIT 1D
 SARASOTA FL 34243**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1950 Northgate Blvd

3. Mailing Address

1950 Northgate Blvd

Suite, Apt. #, etc.

Suite D-1

Suite, Apt. #, etc.

Suite D-1

City & State

SARASOTA, FL

City & State

SARASOTA, FL

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 **Osborne, Michele L.**

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

1950 Northgate Blvd Unit D-1

City **SARASOTA**

FL

Zip Code **34234**

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

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

TITLE **D** ☐ Delete
 NAME **OSBORNE, SCOTT**
 STREET ADDRESS **3509 27TH ST. CT. E**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **D** ☐ Delete
 NAME **OSBORNE, MICHELE L**
 STREET ADDRESS **3509 27TH ST CT E**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Osborne, SCOTT**
 STREET ADDRESS **1950 Northgate Blvd # D-1**
 CITY-ST-ZIP **SARASOTA, FL. 34234**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Osborne, Michele L.**
 STREET ADDRESS **1950 Northgate Blvd # D-1**
 CITY-ST-ZIP **SARASOTA, FL 34234**

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

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

TITLE ☐ Change ☐ Addition
 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)(j), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele L Osborne 1/15/02

Date

941-360-0747

Daytime Phone #

CR2E034 (9/01)