

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015501

1. Entity Name

COS FREQUENCY PRODUCTS, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90100 004 ***150.00

Principal Place of Business

751 FLEET FINANCIAL
113
LONGWOOD FL 32750

Mailing Address

751 FLEET FINANCIAL
113
LONGWOOD FL 32750-2600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3518608

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, BRUCE
751 FLEET FINANCIAL
#113
LONGWOOD FL 32750

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	☐ Delete
NAME	WRIGHT, BRUCE	
STREET ADDRESS	2321 COOLBROOKE CT	
CITY-ST-ZIP	OVIEDO FL 32766	
TITLE	D	☐ Delete
NAME	PAYNE, THOMAS	
STREET ADDRESS	340 S. KIMBERLY CT.	
CITY-ST-ZIP	CEDAR CITY UT 84720	
TITLE	D	☒ Delete
NAME	DAHART, ROGER	
STREET ADDRESS	1377 CAMINO ROBLES WAY	
CITY-ST-ZIP	SAN JOSE CA 95120	
TITLE	D	☐ Delete
NAME	KLUSMEIER, WAYNE	
STREET ADDRESS	1A SPRINGLEAF AVE.	
CITY-ST-ZIP	SINGAPORE REPUBLIC OF SINSA 78841-9	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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		
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)(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:

BRUCE WRIGHT

4-14-00

407-421-2358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)