

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90030 035 ***150.00

0318548

DOCUMENT # P98000036818

1. Entity Name
SEMICONDUCTORS, INC.

Principal Place of Business

948 POMPANO DRIVE
JUPITER FL 33458

Mailing Address

948 POMPANO DRIVE
JUPITER FL 33458

2. Principal Place of Business

212 US Hwy One
Suite, Apt. #, etc.
Ste 16

3. Mailing Address

212 US Hwy One
Suite, Apt. #, etc.
Ste 16

City & State

Jupiter, FL

City & State

Jupiter, FL

4. FEI Number

15-7305735

Applied For

Not Applicable

Zip

33469

Country

USA

Zip

33469

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCORNAVACCA, ARTHUR J
948 POMPANO DRIVE
JUPITER FL 33458

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

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, 2001 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 NAME ☐ Delete
P SCORNAVACCA, ARTHUR J
STREET ADDRESS 948 POMPANO DR
CITY-ST-ZIP JUPITER FL 33458

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 212 US Hwy One Ste 16
CITY-ST-ZIP Jupiter, FL 33469

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE: *Arthur J Scornavacca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01

746-1940

CR2E034 (10/00)