

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90116 032 ***158.75

DOCUMENT # P98000050586

1. Entity Name
SIGNAL TECHNOLOGY AND INSTALLATION CORPORATION

Principal Place of Business

**4395 S.W. 60TH AVENUE
 DAVIE FL 33314**

Mailing Address

**4395 S.W. 60TH AVENUE
 DAVIE FL 33314**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**ABRAMS, HOWELL
 4395 S.W. 60TH AVENUE
 DAVIE FL 33314**

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, 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 : **PD** ☐ Delete
 NAME : **ABRAMS, HOWELL**
 STREET ADDRESS : **4395 S.W. 60TH AVENUE**
 CITY-ST-ZIP : **DAVIE FL 33314**

TITLE : **VPSD** ☐ Delete
 NAME : **WOOD, KELLY D**
 STREET ADDRESS : **4395 S.W. 60TH AVENUE**
 CITY-ST-ZIP : **DAVIE FL 33314**

TITLE : ☐ Delete
 NAME :
 STREET ADDRESS :
 CITY-ST-ZIP :

TITLE : ☐ Delete
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 CITY-ST-ZIP :

TITLE : ☐ Delete
 NAME :
 STREET ADDRESS :
 CITY-ST-ZIP :

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE : ☐ Change ☐ Addition
 NAME :
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 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:

KELLY D WOOD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)