2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90170 005 ***158.75

DOCUMENT # P98000050586

1. Entity Name
SIGNAL TECHNOLOGY AND INSTALLATION CORPORATION

Principal Place of Business	Mailing Address
4395 S.W. 60TH AVENUE DAVIE FL 33314	4395 S.W. 60TH AVENUE DAVIE FL 33314

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3411 S.W 50th Ave	3411 S.W 50th Ave
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Davie, FL	City & State: Davie, FL
Zip: 33314 Country: USA	Zip: 33314 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
ABRAMS, HOWELL 4395 S.W. 60TH AVENUE DAVIE FL 33314	Name: Howell Abrams Street Address (P.O. Box Number is Not Acceptable): 3411 S.W. 50th Ave City: Davie FL Zip Code: 33314

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	Vice President	☐ Change ☑ Addition
NAME	ABRAMS, HOWELL		NAME	Napolitano Charles	
STREET ADDRESS	4395 S.W. 60TH AVENUE		STREET ADDRESS	3411 SW 50th Ave	
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP	Davie, FLA 33314	
TITLE	VPSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WOOD, KELLY D		NAME		
STREET ADDRESS	4395 S.W. 60TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] Pres 1-14-03 954 327-2434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #