

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062533

1. Entity Name

EMBEDDED DESIGN SPECIALISTS, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90062 047 \*\*\*150.00

Principal Place of Business

2536 SHERIDAN DR.  
SARASOTA FL 34239

Mailing Address

P.O. BOX 5306  
SARASOTA FL 34277-5306

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6114 TURNBURY PK. DR #12201

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA

City & State  
FLORIDA

City & State

4. FEI Number 65-0851984

Applied For

Not Applicable

Zip

Country

34243

USA

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

PREWETT, DANIEL L  
5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233

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 ☒ Delete  
NAME D  
STREET ADDRESS TRAYNOR, CHRISTOPHER V  
CITY-ST-ZIP 2536 SHERIDAN DR.  
SARASOTA FL 34239

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS TRAYNOR, CHRISTOPHER V  
CITY-ST-ZIP 6114 TURNBURY PARK DR. APT #12201  
SARASOTA, FL 34243

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: Chris Traynor **CHRIS TRAYNOR** 3/31/00 941-358-5965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1014 (9/99)