

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90005 033 ***150.00

0547278

DOCUMENT # P98000062533

1. Entity Name
EMBEDDED DESIGN SPECIALISTS, INC.

Principal Place of Business
614 TURNBURY PARK DRIVE #12201
SARASOTA FL 34243

Mailing Address
P.O. BOX 5306
SARASOTA FL 34277-5306

942010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3737 COUNTRYSIDE RD

3. Mailing Address
 Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
 Suite, Apt. #, etc.

Zip
34233

Country
USA

4. FEI Number **65-0851984**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name **CHRISTOPHER V. TRAYNOR**

Street Address (P.O. Box Number is Not Acceptable)
3737 COUNTRYSIDE ROAD

City **SARASOTA** **FL** Zip Code **34233**

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 Chris Traynor **CHRISTOPHER TRAYNOR, PRESIDENT** **4/6/01**

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 **D** ☐ Delete
 NAME **TRAYNOR, CHRISTOPHER V**
 STREET ADDRESS **6114 TURNBURY PARK DRIVE APT. #12201**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **CHRISTOPHER V. TRAYNOR**
 STREET ADDRESS **3737 COUNTRYSIDE ROAD**
 CITY-ST-ZIP **SARASOTA, FL 34233**

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

TITLE ☐ Change ☐ Addition
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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 **CHRISTOPHER TRAYNOR** **4/6/01** **941-544-3297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)