

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90236 032 ***150.00

DOCUMENT # P99000027622

1. Entity Name
SOURCE 1 ELECTRONICS, INC.

Principal Place of Business
**8800 - 49TH STREET, NORTH
 SUITE 406-5
 PINELLAS PARK FL 33782**

Mailing Address
**8800 - 49TH STREET, NORTH
 SUITE 406-5
 PINELLAS PARK FL 33782**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8800 49th St. N.

3. Mailing Address
8800 49th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 304

SUITE 304

City & State
Pinellas Park, FL

City & State
Pinellas Park, FL

4. FEI Number **59-3572141**

Applied For

Not Applicable

Zip
33782

Country
U.S.A.

Zip
33782

Country
U.S.A.

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

**BYRNE, JAMES A ESQ.
 540 - 4TH STREET NORTH
 ST. PETERSBURG FL 33701**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **REED, SURAPONG P**
 STREET ADDRESS **8800 - 49TH STREET, NORTH, SUITE 406-5**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2001 727-547-8464

CR2E034 (10/00)