

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066141

1. Entity Name

U. S. ELECTRONICS DISTRIBUTORS, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90023 005 \*\*\*150.00

Principal Place of Business

Mailing Address

BEACON MANOR DRIVE  
MYERS FL 33907

2049 BEACON MANOR DRIVE  
FORT MYERS FL 33907-3046

2. Principal Place of Business

3. Mailing Address

11478 Charlie's Terrace  
Suite, Apt. #, etc.

11478 Charlie's Terrace  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

05-0940683

Applied For

Not Applicable

Zip  
33907

Country  
US

Zip  
33907

Country  
US

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

O'CONNELL, MICHAEL J  
853 VANDERBILT BEACH ROAD  
SUITE 280  
NAPLES FL 34108

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 Michael J. O'Connell  
Signature, typed or printed name of registered agent and title if applicable.

MICHAEL O'Connell  
(NOTE: Registered Agent signature required when reinstating)

4/28/00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MICHAEL J. O'CONNELL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MICHAEL J. O'CONNELL ☐ Change ☒ Addition  
President  
853 Vanderbilt Beach Rd # 280  
Naples FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Michael J. O'Connell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

941-936-6036  
Daytime Phone #

CP2E034 (9/99)