

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076025

1. Entity Name

SRC TECHNOLOGY, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90032 044 \*\*\*150.00

Principal Place of Business

Mailing Address

~~901 JACK ISLAND ROAD~~  
~~N HUTCHINSON ISLAND FL 34949~~

~~901 JACK ISLAND ROAD~~  
~~N HUTCHINSON ISLAND FL 34949~~

2. Principal Place of Business

510 S. U.S. Route 1

3. Mailing Address

P.O. Box 4311

Suite, Apt. #, etc.

Suite # 3

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

Zip

34950

Country

U.S.A.

Zip

34948-4311

Country

U.S.A.

4. FEI Number

650948364

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

ABERNETHY, BRUCE R JR.  
900 VIRGINIA AVENUE  
SUITE 6  
FORT LAUDERDALE FL 34982

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
WICKARD, CHARLES E  
901 JACK ISLAND ROAD  
N HUTCHINSON ISLAND FL 34949 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDC  
WICKARD, ARTHUR T  
901 JACK ISLAND ROAD  
N HUTCHINSON ISLAND FL 34949 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
WICKARD, MARY E  
901 JACK ISLAND ROAD  
N HUTCHINSON ISLAND FL 34949 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WICKARD, JAMES T  
3125 S.W. MAPP ROAD  
PALM CITY FL 34990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WICKARD, JAMES T.  
346 HERNANDO ST.  
FT. PIERCE, FL 34949 ☒ 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:

CHARLES E. WICKARD

07/24/2000 (561) 460-6676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)