

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90157 036 \*\*\*150.00

**DOCUMENT # P99000086921**

**1. Entity Name**  
**APPLIED PHOTONICS, INC.**



**Principal Place of Business**  
12565 RESEARCH PKWY., SUITE 300  
ORLANDO FL 32826

**Mailing Address**  
12565 RESEARCH PKWY., SUITE 300  
ORLANDO FL 32826

**2. Principal Place of Business**

**3. Mailing Address**

7432 E. Tierra Buena Lane

Suite, Apt. #, etc.

Suite 101

City & State  
Scottsdale, AZ

Zip

85260

Country

USA



☒ CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

USA

**4. FEI Number** 59-3603071

**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**

CHONG, STEPHEN C.L.  
501 N MAGNOLIA AVE #201  
PO BOX 2967  
ORLANDO FL 32802

same registered agent  
Address Change (correction)

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

501 N. Magnolia Ave., Suite 201

**City**

Orlando

**FL**

**Zip Code**

32803

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	HOEKSTRA, BRIAN L	
<b>STREET ADDRESS</b>	12565 RESEARCH PKWY., SUITE 300	
<b>CITY-ST-ZIP</b>	ORLANDO FL 32826	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	WEGERIF, DANIEL	
<b>STREET ADDRESS</b>	4075 OLD SETTLEMENT RD.	
<b>CITY-ST-ZIP</b>	MERRITT ISLAND FL 33952	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	FLANNIGAN, ROGER	
<b>STREET ADDRESS</b>	16220 N. 7TH ST., #1412 SUITE 300	
<b>CITY-ST-ZIP</b>	PHOENIX AZ 85022	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	Kell Hwang	
<b>STREET ADDRESS</b>	12 F-1, No. 350, Section 5, Nanking E. Rd.	
<b>CITY-ST-ZIP</b>	Taipei, Taiwan, R.O.C.	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	Ottmar Dippold	
<b>STREET ADDRESS</b>	1177 N. Hwy A1A #501	
<b>CITY-ST-ZIP</b>	Indianapolis, FL 32903	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Brian L Hoekstra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

1/10/03 480-998-2333

CR2E034 (10/02)