## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # \$65760 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** EDX ELECTRONICS, INC. 03-14-2000 90073 026 \*\*\*150.00 Mailing Address Principal Place of Business 477 COMMERCE WAY 477 COMMERCE WAY SUITE 101 LONGWOOD FL 32750 LONGWOOD FL 32750-7571 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3076063 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BONETT, MITCHELL BONETT, MITCHELL Street Address (P.O. Box Number is Not Acceptable) 1913 HOUNDSLAKE DRIVE WINTER PARK FL 32792 KEUKA 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. VDT Addition Delete TITLE Change BONETT, MITCHELL NAME BONETT, MITCHELL STREET ADDRESS STREET ADDRESS 675 KEUKA CT. 1913 HOUNDSLAKE DRIVE CITY-ST-ZIP WINTER SPRINGS. CITY-ST-ZIF WINTER PARK FL **Change** ☐ Addition TITLE ☐ Delete MENTEFEE DENNIS 350 DEER POINTE CIRCLE NAME NAME MENEFEE, DENNIS STREET ADDRESS STREET ADDRESS 350 DEER POINTE CIRCLE ASSELBERRY , FL. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL Delete TITLE ☐ Change ■ Addition CDST TITLE. NAME BONETT, WARREN NAME STREET ADDRESS STREET ADDRESS 600 MACGLENROSS DRIVE CITY-ST-ZIP CITY-ST-7IP OVIEDO FL Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 MITCHELL S. BONETT 3/9/00 (407)

SIGNATURE: