

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91599 016 ***150.00

DOCUMENT #
1. Entity Name
N/C (circled)
~~INDUSTRIAL TESTING SERVICES~~
(THE BREND CORPORATION) 637440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O GARY BREND Suite, Apt. #, etc. 3336 WESTMORELAND DR City & State TAMPA, FL Zip 33618 Country USA		3. Mailing Address C/O GARY BREND Suite, Apt. #, etc. 3336 WESTMORELAND DR City & State TAMPA, FL 33618 Zip Country USA	
--	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2196833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *GARY BREND*

Street Address (P.O. Box Number is Not Acceptable)
3336 WESTMORELAND DRIVE

City *TAMPA* FL Zip Code *33618*

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]* *GARY BREND* *PRESIDENT* DATE *5/24/02*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p align="center">January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES/OFFICER GARY BREND 3336 WESTMORELAND DR TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICER DIANE BREND 3336 WESTMORELAND DR TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *GARY BREND - PRESIDENT* DATE *5/24/02* Daytime Phone # *(813) 963-5114*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BREND

CR2E034B (12/01)