

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90152 010 \*\*\*150.00

**DOCUMENT # P95000027592**

1. Entity Name

**FEDERAL HIGHWAY DIAGNOSTICS, INC.**

*f*

Principal Place of Business

5975 N. FEDERAL HIGHWAY  
 #121  
 FORT LAUDERDALE FL 33308

Mailing Address

5975 N. FEDERAL HIGHWAY  
 #121  
 FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0569026**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRICKELL, KEITH S**  
**2443 NE 26TH STREET**  
**LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRICKELL, KEITH S</b>	NAME	
STREET ADDRESS	<b>2443 NE 26TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

*Signature*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/12/2000 954-771-3800*

Date

Daytime Phone #

CR2E034 (5/00)

**Mazer**  
**& Associates**  
Certified Public Accountants

ATTACHMENT  
P94000027592  
B0163489

MEMBER  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
INTERNATIONAL ASSOCIATION FOR  
FINANCIAL PLANNING

6100 GLADES ROAD / SUITE 310  
BOCA RATON, FLORIDA 33434

BOCA RATON (561) 451-9550  
BROWARD (954) 763-1228  
FAX (561) 451-9557

July 9, 2000

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500


RE: Document # P95000027592  
Federal Highway Diagnostics Inc.

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 to cover the annual report filing fee for the year 2000. My client just received the second notice in the mail this week. This is the first time the client has received a package from your office. Therefore, I am requesting abatement of any late fees associated with this matter.

Thank you in advance for your cooperation in this matter.

Sincerely,



Angela D. Johnson, CPA  
Tax Manager

Enclosure