

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90140 005 ***158.75

DOCUMENT # P95000027592
 1. Entity Name
FEDERAL HIGHWAY DIAGNOSTICS, INC.

Principal Place of Business 5975 N. FEDERAL HIGHWAY #121 FORT LAUDERDALE FL 33308	Mailing Address 5975 N. FEDERAL HIGHWAY #121 FORT LAUDERDALE FL 33308
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2443 NE 26th St.	3. Mailing Address 2443 NE 26th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lighthouse Pt FL	City & State Lighthouse Pt FL	4. FEI Number 65-0569026	Applied For <input type="checkbox"/>
Zip 33064	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (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, 2002 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

TITLE D	<input checked="" type="checkbox"/> Delete
NAME BRICKELL, KEITH S	
STREET ADDRESS 2443 NE 26TH ST	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE D	<input type="checkbox"/> Delete
NAME Brickell Barbara	
STREET ADDRESS 2443 NE 26th St.	
CITY-ST-ZIP Lighthouse Point FL 33064	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Barbara Brickell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2443 NE 26th St.	
CITY-ST-ZIP Lighthouse Pt, FL 33064	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Barbara Brickell **1/26/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)