

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90094 006 ***150.00

DOCUMENT # 270419

1. Entity Name
BEACON TECHNICAL INDUSTRIES, INC.

604945



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5881 GLENRIDGE DRIVE SUITE 180 ATLANTA GA 30328 US	5881 GLENRIDGE DRIVE SUITE 180 ATLANTA GA 30328-5389 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number	Applied For
59-1024380	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip

6. Name and Address of Current Registered Agent

SOULE BRUCE
289 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33334

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOWENDICK, JANE G	
STREET ADDRESS	9269 ALLEGHENY DRIVE	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	FARRELL, MICHAEL J.	
STREET ADDRESS	840 HAMPTON BLUFF DR.	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	SMITH, TERRY P	
STREET ADDRESS	375 KELSON DRIVE	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, ROBERT	
STREET ADDRESS	6929 E. SHORECREST	
CITY-ST-ZIP	ANAHEIM HILLS CA 92807	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNOW, DAN	
STREET ADDRESS	103-F CARPENTER DRIVE	
CITY-ST-ZIP	STERLINE VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMMEE, JOHN T	
STREET ADDRESS	2380 S RIVER ROAD	
CITY-ST-ZIP	MELBOURNE, FL. 00000	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: Michael Farrell 1-10-00 404 256 9640
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #