

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90102 011 ***150.00

DOCUMENT # 270419

1. Entity Name
BEACON TECHNICAL INDUSTRIES, INC.

Principal Place of Business 5881 GLENRIDGE DRIVE SUITE 180 ATLANTA GA 30328 US	Mailing Address 5881 GLENRIDGE DRIVE SUITE 180 ATLANTA GA 30328 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>5881 Glenridge Drive</i> Suite, Apt. #, etc. <i>Suite 230</i> City & State <i>Atlanta, GA</i> Zip <i>30328</i> Country <i>US</i>	3. Mailing Address <i>5881 Glenridge Drive</i> Suite, Apt. #, etc. <i>Suite 230</i> City & State <i>Atlanta, GA</i> Zip <i>30328</i> Country <i>US</i>
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4. FEI Number 59-1024380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SOULE BRUCE
289 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33334

Address Change Only

7. Name and Address of New Registered Agent
 Name
Bruce Soule, CPA
 Street Address (P.O. Box Number is Not Acceptable)
2013 Herb Court
 City
Tallahassee FL Zip Code
32312

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CDP FARRELL, MICHAEL J. 840 HAMPTON BLUFF DR. ALPHARETTA GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV SMITH, TERRY P 375 KELSON DRIVE ATLANTA GA 30329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, ROBERT 6929 E. SHORECREST ANAHEIM HILLS CA 92807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, DAN 103-F CARPENTER DRIVE STERLINE VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMMEE, JOHN T 2380 S RIVER ROAD MELBOURNE, FLA. 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Phoebe Hiland 5881 Glenridge Dr. #230 Atlanta, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Phoebe Hiland* **Phoebe Hiland** 1-31-01 404 256 9640
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)