

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0001513 AV

**DOCUMENT # 270419**

1. Entity Name  
**BEACON TECHNICAL INDUSTRIES, INC.**

03-07-2002 90059 041 \*\*\*150.00

Principal Place of Business <b>5881 GLENRIDGE DRIVE          STE 230          ATLANTA GA 30328          US</b>	Mailing Address <b>5881 GLENRIDGE DRIVE          STE 230          ATLANTA GA 30328          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-1024380</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**SOULE BRUCE**  
**2013 HERB COURT**  
**TALLAHASSEE FL 32312**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDP</b> <b>FARRELL, MICHAEL J.</b> <b>840 HAMPTON BLUFF DR.</b> <b>ALPHARETTA GA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Director</b> <b>Terry P. Smith</b> <b>375 Kelson Drive</b> <b>Atlanta, GA 30329</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTV</b> <b>HILAND, PHOEBE</b> <b>5881 GLENRIDGE DRIVE #230</b> <b>ATLANTA GA 30328</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEXANDER, ROBERT</b> <b>6929 E. SHORECREST</b> <b>ANAHEIM HILLS CA 92807</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SNOW, DAN</b> <b>103-F CARPENTER DRIVE</b> <b>STERLINE VA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMMEE, JOHN T</b> <b>2380 S RIVER ROAD</b> <b>MELBOURNE, FLA. 00000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:** Phoebe L. Hiland **Phoebe L. Hiland** 2-14-02 404-256-9640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)