

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 016 ***550.00

DOCUMENT # 370465

1. Entity Name

BEACON ELECTRONIC ASSOCIATES, INC.



Principal Place of Business
**5881 GLENRIDGE DRIVE, SUITE #230
ATLANTA GA 30328**

Mailing Address
**5881 GLENRIDGE DRIVE, SUITE #230
ATLANTA GA 30328**



2. Principal Place of Business
5885 Glenridge Drive

Suite, Apt. #, etc.

Suite 200

City & State
Atlanta, GA

Zip
30328

Country
US

3. Mailing Address
5885 Glenridge Drive

Suite, Apt. #, etc.

Suite 200

City & State
Atlanta GA

Zip
30328

Country
US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-1305439

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SMITH, TERRY**
STREET ADDRESS **5881 GLENRIDGE DRIVE**
CITY-ST-ZIP **ATLANTA, GA 00000**

TITLE **VD** ☐ Delete
NAME **FARRELL, MICHAEL J**
STREET ADDRESS **5881 GLENRIDGE DRIVE**
CITY-ST-ZIP **ATLANTA, GA 00000**

TITLE **ST** ☐ Delete
NAME **PHOEBE L HILAND**
STREET ADDRESS **5881 GLENRIDGE DRIVE, SUITE 230**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Phoebe L Hiland** **5-23-03 404 256-9640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)