




FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90148 001 *****8.75
 05-06-2003 90148 002 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 480253			
1. Entity Name ADROIT ELECTRONICS, INC.			
Principal Place of Business 683 PEREGRINE DRIVE INDIALANTIC, FL 32903		Mailing Address P O BOX 33595 INDIALANTIC, FL 32903-595 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		683 Peregrine Dr.	
City & State		City & State Indialantic, FL	
Zip	Country	Zip	Country
32903	U.S.A		
4. FEI Number 59-1859209		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, MARY G. 683 PEREGRINE DRIVE INDIALANTIC, FL 32903		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		DATE	
			
NOTE: (Registered Agent's name must appear when withdrawing)			
9. Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	
NAME	BROWN, HAROLD K.	NAME	
STREET ADDRESS	683 PEREGRINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	
NAME	BROWN, MARY G.	NAME	
STREET ADDRESS	683 PEREGRINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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 employees.			
SIGNATURE: 		Date: 4/29/03 321 733-6565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

55038055



CHECK HERE IF MAKING CHANGES

CRE034 (10/02)