

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90119 043 ***150.00

0437696

DOCUMENT # 513308

1. Entity Name

ELECTRON BEAM DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

3591 SW DEGGELLER CT
PALM CITY TURNPIKE INDUSTRIAL PARK
PALM CITY FL 349903591 SW DEGGELLER CT
PALM CITY TURNPIKE INDUSTRIAL PARK
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1694103**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BICKEL, JAMES, S
13018 FLAMINGO TERRACE
PALM BEACH GARDENS FL 33410

Name

BRECHBILL, MARK E CPA

Street Address (P.O. Box Number is Not Acceptable)

506 S. FEDERAL HIGHWAY**SUITE 202**

City

STUART**FL**

Zip Code

34994

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

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

MARK BRECHBILL CPA

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHCD BICKEL, JAMES S 13018 FLAMINGO TERRACE PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BICKEL, JAMES S. 13018 FLAMINGO TERRACE PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BICKEL, JAMES B 13078 COASTAL CIR PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICKEL, JAMES B. 13078 COASTAL CIRCLE PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BICKEL, MATTHEW M 13096 CLASTAL CIR PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICKEL, MATTHEW M. 13096 COASTAL CIRCLE PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW BICKEL, Sec/TAS

Date

4/25/01

Daytime Phone #

(561) 219-4600

CR2E034 (10/00)