2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

513308 **DOCUMENT #**

1. Entity Name

ELECTRON BEAM DEVELOPMENT CORPORATION



FILED May 14, 2003 8:00 am Secretary of State

05-14-2003 90135 036 ***558.75

| Principal Place of Business 3591 SW DEGGELLER CT PALM CITY TURNPIKE INDUSTRIAL PARK PALM CITY FL 34990 | | 3591 PALM | Mailing Address 3591 SW DEGGELLER CT PALM CITY TURNPIKE INDUSTRIAL PARK PALM CITY FL 34990 | | | | | | | |
|--|---|------------------------|--|--|------------------------------|-------------------|---|--------------------------------------|--------------------|--|
| 2. Principal Place of Business | | 3. Ma | 3. Mailing Address | | | |) (8449) \$110) (1069 11180 (1111 3416) 381 | 3 0 5 1 0 1 1 | 1 B/B// B(B)1 (BB/ | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City | City & State | | | 4. | 4. FEI Number 59-1694103 Applied For Not Applicable | | | |
| Zip | Country | Zip | Zip Coun | | | _ 5. | Certificate of Status Desired | \$8.75 A | dditional | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. | Name and Address of New Regist | tered Agent | | |
| 5550.105 | | | | | Name | | | | | |
| BRECHBELL, MARK E CPA | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | DERAL HIGHWAY | | | | | | | | | |
| STE 202 | EL 04004 | | | | | | | | | |
| STUART F | -L 34 394 - | | | | City | | | FL Zip Co | de | |
| | | ent for the purp | oose of changing its | registere | ed office or | registered ag | gent, or both, in the State of Florida. | l am familiar with | n, and accept | |
| the obligat | ions of registered agent. | | | | | | | • | | |
| SIGNATURE. | | | | | | | | | | |
| . ; | Signature, typed or printed name of registered | agent and title if app | plicable (NOTE | : Registered | d Agent signatu | ure required when | reinstating) | DATE | | |
| | ILE NOW!!! FEE IS \$150.00 | | | | | | 9. Election Campaign Financia | ng \$5 . | 00 May Be | |
| | May 1, 2003 Fee will be \$550 Payable to Florida Departme | | | | | | Trust Fund Contribution. | | ed to Fees | |
| 10. | • | AND DIRECTO | L | 11. | | | DDITIONS/CHANGES TO OFFICER | S AND DIRECTO | BS IN 11 | |
| TITLE | PSTD | · | ☐ Delete | TITLE | | | BBITTOTO OT TO CITTOE IT | ☐ Change | | |
| NAME | BICKEL, JAMES S | | | NAM | É | | • | | | |
| STREET ADDRESS | 13018 FLAMINGO TERRACE | 00440 | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 33410 | | CITY | -ST-ZIP | | | | | |
| TITLE | D BICKEL, JAMES B | | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | 13078 COASTAL CIR | | | NAME STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 33410 | | | -ST-ZIP | | | | | |
| TITLE | D | <u>-</u> - | ☐ Delete | TITLE | | | | Change | ☐ Addition | |
| NAME | BICKEL, MATTHEW M | | | NAME | . | _ | | • | _ | |
| STREET ADDRESS | 13096 CLASTAL CIR | | | | ET ADDRESS | 1304 | E CORDING CIRCLE | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 33410 | | _ | - ST- ZIP | Yarm | DEACH GRESSEYS, FC | <u> 33410 </u> | | |
| TITLE NAME | | | Delete | TITLE NAME | | | | ☐ Change | Addition | |
| STREET AODRESS | | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | • | | | | ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLE | : | | | ☐ Change | Addition | |
| NAME | | | | NAME | | | | _ • | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | ļ | |
| CITY-ST-ZIP | | | <u></u> | CITY- | -ST-ZIP | ļ | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | | NAME STREE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 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:

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR