

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90408 045 ***150.00

DOCUMENT # 850433



1. Entity Name
SOLID STATE TESTING, INC.

Principal Place of Business
**56 MIDDLESEX TURNPIKE
BURLINGTON MA 01803**

Mailing Address
**56 MIDDLESEX TURNPIKE
BURLINGTON MA 01803**



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 **04-2467273**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, ROBERT
1345 N. HWY A1A
JADE PALM #304
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, ROBERT	
STREET ADDRESS	1345 N HMY A1A, JADE PALM #304	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	C	<input type="checkbox"/> Delete
NAME	BURNS, JANICE	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON MA 01803	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNS, LINDA	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, JOHN J	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON MA	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOMAYEZ, FRED	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON MA 01803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SOLID STATE TESTING, INC.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (781)272-0972
Date Daytime Phone #

CR2E034 (10/02)