

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES **03**

**DOCUMENT # F00000002432**

1. Entity Name  
**PENTAGON TECHNOLOGIES GROUP, INC.**



Principal Place of Business  
**3480 N. SAN MARCOS PLACE  
CHANDLER AZ 85224 85225**

Mailing Address  
**3480 N. SAN MARCOS PLACE  
CHANDLER AZ 85224 85225**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number **31-1622360**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 Agent**, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**Brian Courney  
Asst. V. Pres.**

SIGNATURE *[Signature]* DATE **10/21/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO MCBRIDE, FRANK A 3480 N. SAN MARCOS PL. CHANDLER AZ 85224</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS ANDERSON, BRIAN 3480 N. SAN MARCOS PL CHANDLER AZ 85224</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSVP LUTZ, DON 3480 N. SAN MARCOS PL CHANDLER AZ 85224</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO CHRISTESON, DAVE 3480 N. SAN MARCOS PL CHANDLER AZ 85224</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400024204754 10/28/03--01043--014 **550.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400024204754 10/28/03--01043--015 **200.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: **SIGNATURE REQUIRED** *[Signature]* DATE: **10/24/03** DAYTIME PHONE #: **480-497-6880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)