2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR **DOCUMENT #**

1. Entity Name

G32446

RF SCIENTIFIC, INC.



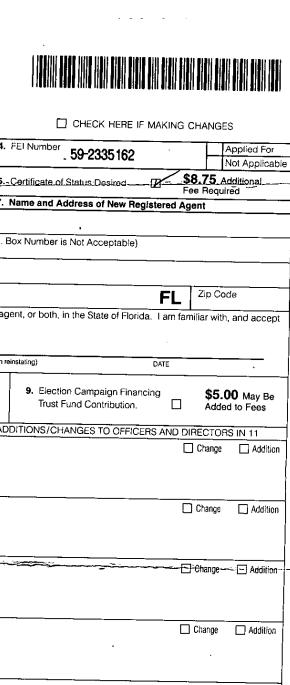
Principal Place of Business 5644 COMMERCE DR. ORLANDO FL 32839

Mailing Address

5644 COMMERCE DR. ORLANDO FL 32839

2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_		
City & State	City & State			





				;	} 		
Principal Place of Business Address Mailing Address		<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2335162	4. FEI Number 59-2335162 Applied For		
Zip	Country	Zip	Country		Not Applicable \$8.75 Additional		
	6. Name and Address of C	Urrent Registered Agent			Fee Required		
		and Agent	Name	7. Name and Address of New Regis	tered Agent		
ABBOTT, JAMES E			1441116	1			
	5813 ROCKWOOD AVE			Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32839			 				
0.12.110	0 1 2 02003						
0 77.				City FL Zip Code			
the obliga	e named entity submits this staten ations of registered agent.	nent for the purpose of changing	g its registered office or	registered agent, or both, in the State of Florida.	Lam familiar with, and accent		
	ations of registered agent.				and doopt		
SIGNATURE					•		
	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE: Registered Agent signatur	e required when reinstating)	DATE		
1	FILE NOW!!! FEE IS \$150.0	0					
Afte	r May 1, 2003 Fee will be \$55	0.00		9. Election Campaign Financin			
	k Payable to Florida Departme			Trust Fund Contribution.	☐ Added to Fees		
10	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 11		
TITLE	VSD	☐ Delete	TITLE	33.00.00	☐ Change ☐ Addition		
NAME ** STREET ADDRESS	MICELI, ANGELO J. 1684 COLLEEN DR.		NAME		Ondings Addition		
CITY-ST-ZIP	ORLANDO FL		STREET ADDRESS				
TITLE	CPDT		CITY-ST-ZIP				
NAME	ABBOTT, JAMES E	☐ Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS	5813 ROCKWOOD AVE.		NAME STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		ı		
.ture		Delete Delete	TITLE				
NAME			NAME		Change — Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS				
TITLE	 		CITY-ST-ZIP				
NAME		☐ Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS			NAME CERTET ADDRESS	•			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete					
NAME		□ Delete	TITLE NAME		☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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I hereby certify that the information supplied with this filling 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

SIGNATURE:

407 356 1050