

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G55930

FILED
Apr 18, 2003
Secretary of State

Entity Name: FLORIDA RF LABS, INC.

Current Principal Place of Business:

8851 SW OLD KANSAS AVE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

8851 SW OLD KANSAS AVE
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2311425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHIPSON, STEPHAN
Address: 765 FINCHLEY ROAD
City-St-Zip: CHILDS HILL, LONDON, NW118DS

Title: VP () Delete
Name: HAYES, PAUL
Address: 765 FINCHLEY ROAD
City-St-Zip: CHILDS HILL, LONDON, UK NW118DS

Title: T () Delete
Name: ORME, WALTER
Address: 101 LINDENWOOD DRIVE, SUITE 125
City-St-Zip: MALVERN, PA 19355

Title: S () Delete
Name: PEDRICK, MICHAEL
Address: 101 LINDENWOOD DRIVE, SUITE 125
City-St-Zip: MALVERN, PA 19355

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER ORME

Electronic Signature of Signing Officer or Director

T

04/18/2003

Date