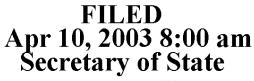
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H77632 1. Entity Name ELECTRONIC TECHNOLOGY COMPONENTS, INC.



04-10-2003 90184 022 \*\*\*150.00

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Principal Place of Business PO BOX 560369 ROCKLEDGE FL 32956-0369 US		PO BO	Mailing Address PO BOX 560369 ROCKLEDGE FL 32956-0369 US								
2. Principal F	Place of Business	3. Mail	3. Mailing Address								
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	е	City	City & State				4. FEI Number 59-2602574 Applied For Not Applicable				
Zip	Country	Zip	Zip Count			5. (	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					Ι	7. N	Name and Address of New R	egistered A	gent		
					Name _			- 3			
	HOWARD B MR.					Street Address (P.O. Box Number is Not Acceptable)					
4799 SOLI	Tary Drive 📑					, -					
**	GE FL 32955-6554										
···				City				FL	Zip Code	e	
the obligat	named entity submits this statemetions of registered agent.	ent for the purp	ose of changing its	register	ed office or regis	stered age	ent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if appl	icable. (NOT	E: Registere	d Agent signature requ	uired when re	sinstating)	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 Fin Trust Fund Contribution			<b>0</b> May Be I to Fees	
10. OFFICERS AND DIRECTORS						AD	L DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
	DP	<u></u>		_1				02/10/11/0			
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12. I hereby o	certify that the information supplied	with this filing	does not qualify for	the exe	mption stated in	Section 1	119.07(3)(i), Florida Statutes, I	further certi	fy that the in	formation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

N 04-05-03

321-637-3389