## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **M85893**

1. Entity Name

TAMPA MICROWAVE LAB, INC.



## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90515 023 \*\*\*150.00

		·										
Principal Place of Business 12160 RACE TRACK ROAD TAMPA FL 33626-3111 US				Mailing Address 12160 RACE TRACK ROAD TAMPA FL 33626-3111 US								
Principal Place of Business     3. Mailing Address									N HARA BALDAK DEBA			
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				5Q-28Q68(II)			Applied For lot Applicable	
Zip	(	Country	Zip		Coun	try	:	5. Certificate of Status Desired		8.75 Ac	ditional	
	6. Name an	d Address of Curre	ent Registere	ed Agent			7	7. Name and Address of New Re				
				ن <u>-</u> نـــ		Name	·	<del>ال يدرون المسالة الم</del>				
KUTCHINS, BRYAN A. ESQ						Street Address (P.O. Box Number is Not Acceptable)						
169 STAT	E STREET WES	ST				Street Add	11688 (F.C	7. Box Number is Not Acceptable)				
SUITE A						,		·				
OLDSMAR FL 34677							City		FL	Zip Cod	de .	
8. The above	e named entity su	bmits this statemen	t for the purp	ose of changing its	registere	ed office or re	gistered	agent, or both, in the State of Flor	ida. I am fa	miliar with	, and accept	
			HALL		2000							
SIGNATURE	HAT	111 ac	2000		-			an unicatation)	DATE			
	-Signature granded or pr	ir d name of registered ag	ent and title if app	icable. (NU)	E: Hegistered	d Agent signature	requirea whe	en reinstating)	DATE		<del></del>	
	🤅 May 1, 2003 l	FEE IS \$150.00 Fee will be \$550.0 orida Department						9. Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS A		RS	11.			L ADDITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTOR	RS IN 11	
TITLE	D	0.7102(1071)	10 01112010	☐ Delete	TITLE			7.0017701107011111111111111111111111111		☐ Change	☐ Addition	
NAME	WALWORTH,	JIMMY H			NAM							
STREET ADDRESS	12160 RACE				STRE	ET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33	626			CITY	-ST-ZIP						
TITLE	D	1		☐ Delete	TITLE	:				Change	☐ Addition	
NAME	WALWORTH,				NAME							
STREET ADDRESS CITY-ST-ZIP	12160 RACE					ET ADDRESS - ST - ZIP						
	TAMPA FL 33	020									FT Addition	
TITLE NAME				□ Delete -	TITLE	I .				Change	Addition	
STREET ADDRESS				The State of the S		ET ADDRESS –						
CITY-ST-ZIP					CITY-	·ST-ZIP		<del>-</del>	- <u>.</u>		· -• * জিলা	
TITLE .				☐ Delete	TITLE				+	Change	Addition	
NAME					NAME	<b>.</b>						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE				!	Change	☐ Addition	
NAME STREET ADDRESS					NAME	ET ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE				☐ Delete	TITLE		······································			Change	Addition	
NAME				C Delete	NAME	ľ				change	- Souton	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP		,				
12. I hereby of indicated	certify that the inf I on this report or	ormation supplied v supplemental repor	vith this filing t is true and	does not qualify fo accurate and that r	r the exer ny signat	notion stated are shall have	in Section	on 119.07(3)(i), Florida Statutes. I ne legal effect as if made under oa	further certif ath; that I am	y that the i	nformation or director	

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 signayers 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 matter exemption of the corporation or the receiver or matter exemption of the corporation or the receiver or matter exemption of the corporation or the receiver or matter exemption of the corporation or the receiver or matter 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 signay is the corporation of the corporation or the receiver or matter 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 signay is supplemental. 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 life empowered.

**SIGNATURE:** 

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JHWALWORTH

4/25/03 855-2251

Daytime Phone #