

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90147 043 \*\*\*150.00

**DOCUMENT # P00000050641**

1. Entity Name  
**AMERICAN INFRARED TESTING & CONSULTING, INC.**

Principal Place of Business      Mailing Address  
 9555 BLIND PASS RD. #42      9555 BLIND PASS RD. #42  
 ST PETE BEACH FL 33706      ST PETE BEACH FL 33706

- 48267



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>574 1st AVENUE NORTH</b>		3. Mailing Address	
Suits, Apt. #, etc. <b>SEE</b>		Suits, Apt. #, etc.	
City & State <b>ST. PETERSBURG, FLORIDA</b>		City & State	
Zip <b>33701</b>	Country <b>FLORIDA</b>	Zip	Country
4. FEI Number <del>193</del> <b>59-395 3593326</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BARKER, KATHRYN M</b> <b>9555 BLIND PASS RD, #42</b> <b>ST PETE BEACH FL 33706</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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 KATHRYN M. BARKER      DATE 4.26.01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT/CEO/TREAS.</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KATHRYN M. BARKER</b>		NAME	
STREET ADDRESS <b>9555 BLIND PASS RD, #42</b>		STREET ADDRESS	
CITY-ST-ZIP <b>St. Pete BEACH FL. 33706</b>		CITY-ST-ZIP	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Michael G. Knittel Sr.</b>		NAME	
STREET ADDRESS <b>9555 BLINDPASS Rd #42</b>		STREET ADDRESS	
CITY-ST-ZIP <b>St. Pete BEACH, FL. 33706</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn Barker      **KATHRYN M. BARKER**      DATE 4.26.01      DAYTIME PHONE # 727.822.2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)