

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

DOCUMENT # P00000050641 1. Entity Name AMERICAN INFRARED TESTING & CONSULTING, INC.		
Principal Place of Business 574 13TH AVE. NORTH SAINT PETERSBURG, FL. 33701		Mailing Address 9555 BLIND PASS RD, #42 ST PETE BEACH, FL. 33706
2. Principal Place of Business 574 13th AVE. No. <small>Suite, Apt. #, etc.</small>	3. Mailing Address P.O. Box 13926 <small>Suite, Apt. #, etc.</small>	
City & State ST. PETERSBURG, FL.	City & State ST. PETERSBURG, FL.	4. FEI Number 59-3593326
Zip 33701	Country USA	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 BARKER, KATHRYN M 574 1ST AVE NORTH SAINT PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Kathryn M. Barker</u> DATE: <u>4/28/03</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting))</small>		
FILE NOW ONLINE TO \$150.00 After May 15, 2003 Fee will be \$250.00 Make checks payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BARKER, KATHRYN M 574 1ST AVE NORTH SAINT PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KNETTEL, MICHAEL SR 574 1ST AVE NORTH SAINT PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>Kathryn M. Barker</u>		DATE: <u>4/28/03</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		727-822-2006 <small>Change Fees</small>

11036781



CHECK HERE IF MAKING CHANGES

CR2034 (10/02)