05/01/2002 14:01 7275446615 PALMER

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90397 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063927

1. Entity Name

Celltron Components Inc.

669797

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2001 16th Street N	2001 16th Street North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, FL	City & State: St Petersburg, FL
Zip: 33704 Country: US	Zip: 33704 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3658260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Christopher Shane Wright
Street Address (P.O. Box Number is Not Acceptable): 2001 16th Street North
City: St Petersburg FL Zip Code: 33704

DO NOT WRITE IN THIS SPACE

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
5-1-02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President (D)	TITLE	
NAME	Wright Christopher S	NAME	
STREET ADDRESS	4992 31st Ave N	STREET ADDRESS	
CITY-ST-ZIP	St Pete FL	CITY-ST-ZIP	
TITLE	Sec. of Treasury (ST)	TITLE	
NAME	Lorri S Wright	NAME	
STREET ADDRESS	4992 31st Ave N	STREET ADDRESS	
CITY-ST-ZIP	St Pete FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Christopher Shane Wright 5-1-02 727-895-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #