

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91159 018 \*\*\*158.75

**DOCUMENT # P00000069145****1. Entity Name**  
**TEST POINT, INC.****Principal Place of Business**  
**1555 S FEDERAL HWY. SUITE 201**  
**DELRAY BEACH FL****Mailing Address**  
**1555 S FEDERAL HWY. SUITE 201**  
**DELRAY BEACH FL****553782**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-1040031**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****LEKANIDES, GREG**  
**1555 S FEDERAL HWY, SUITE 201**  
**DELRAY BEACH FL**

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.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible**  
**Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!**  
**After MAY 1, 2001**  
**Make Check Payable to****FEE IS \$150.00**  
**Fee will be \$550.00**  
**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>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEKANIDES, GREG</b>	
STREET ADDRESS	<b>1555 S FEDERAL HWY, SUITE 201</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-479-4251**  
**561-866-8631**

CR2E034 (10/00)