

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

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90069 014 \*\*\*150.00

0108289 AV

**DOCUMENT # P01000033905**

1. Entity Name  
**MICRO/RF ASSOCIATES, INC.**



Principal Place of Business  
**1083 NORTH COLLIER ROAD. #381  
MARCO ISLAND FL 34145**

Mailing Address  
**1083 NORTH COLLIER ROAD. #381  
MARCO ISLAND FL 34145**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3709499**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BARDON, KENNETH  
1083 NORTH COLLIER ROAD, #381  
MARCO ISLAND FL 34145**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **KENETH, BARDON**  
STREET ADDRESS **1083 N COLLIER BLVD**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (4/03)

Attachment  
80134887

Micro/RF Associates, Inc.  
1083 N. Collier Blvd. #381  
Marco Island, Fl. 34145  
Phone: 941-752-6022 E-mail: microrf@aol.com

28 July 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl. 32302-1500

Re. Document # P01000033905

Gentlemen:

Please be advised that this is to certify that this was the first notification of filing that we received when this late notice came in.

Enclosed is a check in the amount of \$150.00 for the filing fee along with the signed form.

Thank you for your attention to this matter.

Sincerely,  
Micro/RF Associates, Inc.



Kenneth Bardon  
President

KB:mef

Enc.