FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Jun 03, 2002 8:00 am Secretary of State

DOCUMENT # P01000100348 1. Entity Name		. 1	06-03-2002 91197 005 ***158.75	
Integrated Electronics Resource, Inc.				
DO NOT WRITE		PACE		
2. Principal Place of Business 6977-A SW 115 Mace	1 / -	293026		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State / FL	Gity & State David FC	73729	4. FEI Number のみ - 0606219	Applied For Not Applicable
319173 Country De le	^{Zip} J JJ 29	Country		75 Additional Required
		Name	7. Name and Address of Current Registered Age	ent
DO NOT WRITE		Dai	ess (P.O. Box Number is Not Acceptable)	
IN THIS SPACE				
		City Co-o	ou 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 David E. Signature required when re-instabling) Signature, typed or printed name of registered agent and title of applicable. (NOTL: Registered Agent signature required when re-instabling) (NOTL: Registered Agent signature required when re-instabling)				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1 Amended Make Check Payab)	ny 1 Fee is \$150,00 I, Fee is \$560,00 UBR is \$61,25 Is to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND I	DIRECTORS	IILĮ		(£)
NAME DAUD E SIGGL STREET ADDRESS 5251 SW (a) OVERVE CITY-ST-ZIP COOPER CITY FC 33327		SAME SAME ADDRESS CITY ST- DP		CRZE034B (12/01)
TILE NAME		me		K2E0
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STREET ADDRESS CITY-ST-ZIP		STREET ADORESS GETY-ST-209	DO NOT WRITE	<u>+</u>
TITE NAME		TITLE NAME	IN THIS SPACE	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	***************************************	ETY ST BP		
ME ERET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP TITLE		GTY-ST-2IP		
TAME TREET ADDRESS		FIRE NAME CONTEXT ATORISM		
CITY- ST- ZIP		SERSET AGGRESS 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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental perport 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 truetee 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 AND TYPED OR PRI	DAID NITED NAME OF SIGNING OFFICER OF	E. Sigel	5/29/62 (9-4)4:	34-8800