

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19438

1. Entity Name

BEACON MICROWAVE & INSTRUMENTATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90094 009 ***150.00

Principal Place of Business

Mailing Address

5881 GLENRIDGE DR
STE 230
ATLANTA GA 30328
US

5881 GLENRIDGE DR
STE. 230
ATLANTA GA 30328-5569
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1774619

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

SOULE, BRUCE C
289 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

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!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FARRELL, MICHAEL J.
STREET ADDRESS 610 MARK TRAIL CT
CITY-ST-ZIP ATLANTA GA

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

TITLE S ☐ Delete
NAME PHOEBE L HIAND
STREET ADDRESS 5881 GLENRIDGE DRIVE, SUITE 230
CITY-ST-ZIP ATLANTA GA

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

TITLE D ☐ Delete
NAME FARRELL, MICHAEL J.
STREET ADDRESS 610 MARK TRAIL CT.
CITY-ST-ZIP ATLANTA GA

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

TITLE D ☐ Delete
NAME WILLIAMMEE, JOHN T.
STREET ADDRESS 2380 S. RIVER ROAD
CITY-ST-ZIP MELBOURNE BEACH FL

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

TITLE VP ☐ Delete
NAME SMITH, TERRY P.
STREET ADDRESS 5881 GLENRIDGE DR., STE. 230
CITY-ST-ZIP ATLANTA GA

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

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: Phoebe L. Hiland Phoebe L. Hiland 1-10-00 404 256 9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #