

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90078 015 ***150.00

DOCUMENT # P19438

1. Entity Name
BEACON MICROWAVE & INSTRUMENTATION, INC.

Principal Place of Business
**5881 GLENRIDGE DR
 STE 230
 ATLANTA GA 30328
 US**

Mailing Address
**5881 GLENRIDGE DR
 STE. 230
 ATLANTA GA 30328
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1774619**

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

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

**New Address
 2013 Herb Court
 Tallahassee, FL
 32312**

Name
Bruce Soule
 Street Address (P.O. Box Number is Not Acceptable)
2013 Herb Court
 City
Tallahassee FL Zip Code
32312

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 **Bruce Soule, CPA**

4-03-01

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, 2001 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 HIAN**
 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 Hian** Secretary

4-03-01

404-256-9640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)