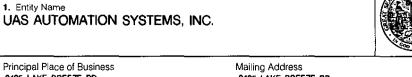
2003 FOR PROFIT CORPORATION

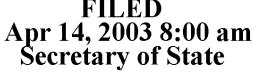
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P39722

UAS AUTOMATION SYSTEMS, INC.





04-14-2003 90392 034 '158.75

FILED
Apr 14, 2003 8:00 am
Secretary of State
04 14 2002 00202 024 ***159 75

						GOO WE THE					
Principal Place of Business 3405 LAKE 8REEZE RD ORLANDO FL 32808			Mailing Address 3405 LAKE BREEZE RD ORLANDO FL 32808								
2. Principal F	Place of Business	3. Mailing Address								101 (101 101	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				-	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			<u></u>	4 . F	4. FEI Number 06-1082903			oplied For
Zip Country			Zip Cou			ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6 "Name and	Address of Current	Renistere	d'Anont		Part Land		ame and Address of Nev	- Degistered	<u>:</u>	
	O. Italiio atta	Address of Current	riegiatere	a Agent		Name	7. 1	ane and Address of Nev	i negisterea :	- Agerit	
	, Larry J (e Breeze RD					Street Address (P.O. Box Number is Not Acceptable)					
	6.450										
ORLANDO	D FL 32808										ľ
· Aria					City	FI			Zip Code		
	e named entity sub- tions of registered		or the purp	ose of changing its	register	ed office or regis	stered age	ent, or both, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printe	ed name of registered agent	and title if app	licable. (NOTE	: Registere	d Agent signature requ	uired when rei	nstating)	DATE		
F	ILE NOW!!! FE	E IS \$150.00		-				•			
		e will be \$550.00						* 9. Election Campaign			0 May Be
		ida Department of	f State					Trust Fund Contribu	tion.	J Adde	d to Fees
			<u></u>		- 44			DITION IN 101111050 TO 0	==:0550 41	DISCOTOR	
10.	100	OFFICERS AND	DIRECTO		11.		ADI	DITIONS/CHANGES TO O	FFICERS AND		
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TITLE	PD			☐ Delete	TITLI	E				☐ Change	☐ Addition
NAME	MCGURK, LAR	RY J			NAM						
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CITY-ST-ZIP	LONGWOOD F					-ST-ZIP					ļ
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NAME	HEAARTY, JOH	IN D		□ Delete	NAM	,				☐ Change	LI Addition
	21 HUNTING R										
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U113-31-ZIF	BOOKFIELD CT	· <u>·</u>			GIIT	-ST-ZIP					
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NAME	GATI, IVAN				NAM	- 1)
STREET ADDRESS	114 BRUSH HO					ET ADDRESS					J
CITY-ST-ZIP	RYE BROOK N	Υ			CITY	-ST-ZIP					
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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

**APP - 29 + 855|

**APP

SIGNATURE: