

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048626

1. Entity Name
PIXE ANALYTICAL LABORATORIES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90023 039 ***150.00

Principal Place of Business 1380 BLOUNTSTOWN HWY TALLAHASSEE FL 32304	Mailing Address 1380 BLOUNTSTOWN HWY TALLAHASSEE FL 32304-2730
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3190670		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WALKER, CLAUDE R 1330 THOMASVILLE TALLAHASSEE FL 32303				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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE P + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, STEWART		NAME	
STREET ADDRESS 2364 CYPRESS COVE RD.		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> Delete	TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEBUSK, A. G		NAME William Jordan	
STREET ADDRESS 3583 DORIS DR.		STREET ADDRESS 422 North Ride	
CITY-ST-ZIP TALLAHASSEE FL		CITY-ST-ZIP Tallahassee, FL 32303	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RASMUSSEN, DAVID		NAME	
STREET ADDRESS 3127 FERNS GLEN DR.		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAUMAN, SENE E.		NAME	
STREET ADDRESS 1569 SAN LUIS ROAD		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		CITY-ST-ZIP	
TITLE STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COX, LINDA N		NAME	
STREET ADDRESS 2926 SADDLE BROOK CT.		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRIMBLE, SPENCER		NAME	
STREET ADDRESS 5198 MADDOX RD.		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		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: Stewart Brown _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)