2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045723

1. Entity Name

INTEGRATED RF SOLUTIONS, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90104 049 ***150.00

l .						600 W	ETE						
Principal Place of Business 4309 LIGUSTRUM DR MELBOURNE FL 32934			4309	Mailing Address 4309 LIGUSTRUM DR MELBOURNE FL 32934				<u></u>		Î			1 1014
2. Principal P	Place of Busine	3. Ma	3. Mailing Address										
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 59-3249812 Applied For Not Applied be					
Zip	Country			Zip Country								8.75 Ad	ditional
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent					
~ ~O'BRIEN.	JAMES M					and the second s							
						Street Address (P.O. Box Number is Not Acceptable)							
	HBISCUS BL												
MELBOUF	RNE FL 3290	1											
						City	у				FL	Zip Cod	de
8. The above the obligati	named entity ions of register	submits this statemed agent.	nent for the purp	ose of changing its	registere	ed office or	registere	ed agent, or	r both, in the	State of Florid	la. I am fa	miliar with,	and accept
SIGNATURE .		printed name of registere	d agent and title if app	olicable. (NOTE	E: Registere	d Agent signatu	ıre required	when reinstating))		DATE		
				<u> </u>				<u>-</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9.		ampaign Finan Contribution.	cing		00 May Be d to Fees
10.		OFFICERS	AND DIRECTO	I	11.			ADDITIO	NS/CHANG	SES TO OFFICE	FRS AND	DIRECTOR	15 /N 11
TITLE	D			☐ Delete	TITLE		Nia	~ ~				☐ Change	Addition
NAME	SCHULTZ,	RICHARD D		Delete NAM			5 CH	SCHULTZ, DONNA L.					Addition
STREET ADDRESS 4309 LIGUSTRUM DR				STRE			SCHULTZ, DOWNA L. Change XIA SCHULTZ, DOWNA L. 4369 LIGUSTRUM BR. MELBOURUG FL 32934						
CITY-ST-ZIP MELBOURNE FL 32934							ST-ZIP MELBOURNE PL 32934						
	INCLUOUS	E 1 E 02004	.		-								
TITLE				☐ Delete	TITLE							☐ Change	☐ Addition
NAME CIDEET ADDRESS					NAME								J
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS							ĺ
			,,_		CHY-	-ST-ZIP							
TITLE				☐ Delete	TITLE							Change	☐ Addition
NAME			· •	- - -	NAME	E							i
STREET ADDRESS				J = 1 7	1	et address 1			- ** - **	Q &			
CITY-ST-ZIP					CITY-	-ST-ZIP							
TITLE				☐ Delete	TITLE							Change	☐ Addition
NAME					NAME		`						
STREET ADDRESS					STREE	ET ADDRESS							ĺ
CITY-ST-ZIP					CITY-	-ST-ZIP							
TITLE	-			☐ Delete	TITLE						· · · · · · · · ·	☐ Change	Addition
NAME					NAME								
STREET ADDRESS					STREE	ET ADDRESS							
CITY-ST-ZIP					CITY-	ST-ZIP							l
TITLE				☐ Delete	TITLE							☐ Change	Addition
NAME				Delete	NAME							Ghange	☐ Addition
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP						ST-ZIP							
i	- 44 N. CH. 1	. r	1 10 11 22			1							
indicated o	eraty that the it on this report o	normation supplier r supplemental ret	a with this filing bort is true and a	does not qualify for accurate and that m	Ine exer	nption state	ed in Sec	tion 119.07	(3)(i), Florid	a Statutes. I fui	ther certif	y that the in	nformation

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REIBOURASSCHUR, PASSOCT

3/8/03

321-751-3336