2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

2. Principal Place of Business

1071 PT MALABAR BLVD

PALM BAY FL 32905

P96000048406

Mailing Address

PALM BAY FL 32905

3. Mailing Address

SUITE 106

US

1. Entity Name

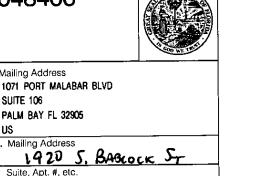
STE 106

SPECTRUM DX TESTING! INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90839 048 ***150.00





1920 S. BABLOCK ST 1920 Suite, Apt. #, etc. Suite, Apt. #, etc. MCHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-3384363 Not Applicable MELBOURNE. MELBOUWE \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required _ us A U5A 329 DI ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL H. KAHP, KANCILIA, JOHN R Street Address (P.O. Box Number is Not Acceptable H42802 1686 W HIBISCUS BLVD MELBOURNE FL 32901 City MELBOURNE 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition ☐ Delete TITLE **PSD** TITLE NAME NAME BROWN, ROBERT J STREET ADDRESS STREET ADDRESS 3705 EAGLE WY CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32934** Addition ☐ Change ☐ Delete TITLE **VPD** NAME NAME O'NEAL - BROWN, ERIN STREET ADDRESS STREET ADDRESS 3705 EAGLE WY CITY-ST-ZIP CITY-ST-ZIE MELBOURNE FL-32934 ☐ Addition Change TITLE □ Delete TITLE TD NAME NAME MCKEE, BRENDA STREET ADDRESS STREET ADDRESS 7817 MAPLEWOOD DRIVE, APT 610 CITY-ST-ZIP CITY-ST-ZIP W MELBOURNE FL 32904 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

REQUIRED SIGN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)