

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90783 013 ***150.00

0331079 AV

DOCUMENT # P97000020698

1. Entity Name

FLORIDA APPLIED COMPLIANCE TESTING, INC.

Principal Place of Business

Mailing Address

**2051 NW 108TH TERRACE
 SUNRISE FL 33322**

**2051 NW 108TH TERRACE
 SUNRISE FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0741834

Applied For

Not Applicable

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

**MALLON, CAROLE A
 2051 NW 108TH TERRACE
 SUNRISE FL 33322**

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	VS	<input type="checkbox"/> Delete
NAME	MALLON, ROBERT P	
STREET ADDRESS	2051 NW 108TH TERRACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	P	<input type="checkbox"/> Delete
NAME	MALLON, CAROLE A	
STREET ADDRESS	2051 NW 108TH TERRACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: *Carole A Mallon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carole A Mallon

4/2/02 Date *954 748-7179* Daytime Phone #

CR2E034 (9/01)