2000 UNIFORM BUSINESS REPORT (UBR) FILED <del>DEP</del>AR' Sep 14, 2000 8:00 am Secretary of State DOCUMENT # P98000062196 PRECISION RADIATION PRODUCTS, INC. 09-14-2000 90006 045 \*\*\*550.00 Mailing Address Principal Place of Business 122 CENTRAL RD. #201 122 CENTRAL RD. #201 INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address 50 Charlesmont 1850 Charlesmon Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 121 12 Applied For City & State City & State 4. FEI Number 59-3520742 Not Applicable Indialanti \$8,75 Additional Country Zìp 5. Certificate of Status Desired Fee Required DEVARD. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAUGHAN, THOMAS F Street Address (P.O. Box Number is Not Acceptable 122 CENTRAL RD. #201 INDIAN HARBOUR BEACH FL 32937 8. The above named entity submits this statement for the purpose of changing its registered office. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE 1850 Charlesmont Drive VAUGHAN, THOMAS F NAME NAME 122 CENTRAL ROAD SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN BEACH FL 32937 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.