2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V06694

Entity Name: A1 TELETRONICS, INC.

FILED Apr 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	H AVENUE NORTH RSBURG, FL 33716	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2510 118T	CHAEL POINTER, II H AVENUE NORTH RSBURG, FL 33716	US			
El Number	: 59-3112743 FEI N	lumber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Current	t Registered Agent:	Name and Address of	of New Registered Agent:	
2510 118Ť	D. MICHAEL II H AVE NORTH RSBURG, FL 33716	US			
he above		s this statement for the	purpose of changing its registere	d office or registered agent, or both	
	e of Florida.			a office of registered agent, or both,	
	RE:			d office of registered agent, or both,	
	RE:	nature of Registered Ag		Date	
GNATU	RE: Electronic Signation is eligible to satisfy	its Intangible Tax filing re			
SIGNATUI	RE:Electronic Sign	its Intangible Tax filing re- Fund Contribution ().	gent quirement and elects to do so (X).		
SIGNATUI This corpora Election Car	RE: Electronic Sign ation is eligible to satisfy mpaign Financing Trust I	its Intangible Tax filing refund Contribution ().	gent quirement and elects to do so (X).	Date	
Chis corporation Car Chection Car Chection Car Checker Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysical Chistophysi	Electronic Signation is eligible to satisfy mpaign Financing Trust IS AND DIRECTORS: DCEO () Delete GALINSKI, MICHAEL B. 2500 118TH AVE N.	its Intangible Tax filing refund Contribution (). 33716	quirement and elects to do so (X). ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

	SIGNATURE: _[D. MICHAEL POINTER II	S	04/23/2002
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