

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90100 040 ***158.75

DOCUMENT # **F02000000662**



1. Entity Name
EASTERN TECHNICAL ASSOCIATES, INC.

Principal Place of Business
**3302 ANVIL PLACE
RALEIGH NC 27603**

Mailing Address
**PO BOX 1009
GARNER NC 27529-1009**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 56-1236541		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ROSE, H T 1017 AUGUSTA DRIVE SUN CITY CENTER FL 33573				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Rose,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, TOM		NAME	Rose,	correction
STREET ADDRESS	2116 OAKTON DR.		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		CITY-ST-ZIP	27603	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	Rose,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, PATRICIA S		NAME	Rose,	
STREET ADDRESS	2116 OAKTON DR.		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		CITY-ST-ZIP	27603	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Rose,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, T. PATRICK		NAME	Rose,	
STREET ADDRESS	2116 OAKTON DR.		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		CITY-ST-ZIP	27603	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 REQUIRED **1/28/03** **919-878-3188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)