

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000000773

FILED  
Mar 07, 2003  
Secretary of State

Entity Name: CALIFORNIA EASTERN LABORATORIES, INC.

## Current Principal Place of Business:

445 DOUGLAS AVE., STE 2005-19  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

4590 PATRICK HENRY DR.  
SANTA CLARA, CA 95054

## New Mailing Address:

FEI Number: 94-1508560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, TERRY M  
445 DOUGLAS AVE., STE 2005-19  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BURMEISTER, ROBERT A  
Address: 4590 PATRICK HENRY DRIVE  
City-St-Zip: SANTA CLARA, CA 95054

Title: D ( ) Delete  
Name: MINTON, PAUL  
Address: 4590 PATRICK HENRY DRIVE  
City-St-Zip: SANTA CLARA, CA 95054

Title: PCD ( ) Delete  
Name: ARDEN, JERRY A  
Address: 4590 PATRICK HENRY DRIVE  
City-St-Zip: SANTA CLARA, CA 95054

Title: D ( ) Delete  
Name: MINEO, AKIRA  
Address: 4590 PATRICK HENRY DRIVE  
City-St-Zip: SANTA CLARA, CA 95054

Title: D ( ) Delete  
Name: MCCARVER, MICHAEL D  
Address: 4590 PATRICK HENRY DRIVE  
City-St-Zip: SANTA CLARA, CA 95054

Title: V ( ) Delete  
Name: SARGENT, MARK A  
Address: 4590 PATRICK HENRY DRIVE  
City-St-Zip: SANTA CLARA, CA 95054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: MINTON, PAUL  
Address: 4590 PATRICK HENRY DRIVE  
City-St-Zip: SANTA CLARA, CA 95054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK SARGENT

CFO

03/07/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date