


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90527 016 ***150.00

DOCUMENT # P94000085505

1. Entity Name
SENSORPHYSICS, INC.



Principal Place of Business
**105 KELLEYS TRAIL
OLDSMAR FL 34677
US**

Mailing Address
**105 KELLEYS TRAIL
OLDSMAR FL 34677
US**



2. Principal Place of Business
8425 S. TIMBERLINE RD.

Suite, Apt. #, etc.

3. Mailing Address
8425 S. TIMBERLINE RD.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FORT COLLINS COLORADO

City & State
FORT COLLINS COLORADO

4. FEI Number **59-3281568**

Applied For
 Not Applicable

Zip **80525** Country **USA**

Zip **80525** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORREST, GARY
105 KELLEYS TRAIL
OLDSMAR FL 34877**

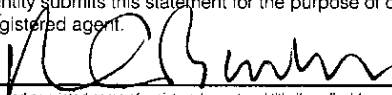
7. Name and Address of New Registered Agent

Name: **Robert C. Burke, Jr.**

Street: **28059 U S Highway 19 N, Suite 100**

City: **Clearwater** State: **FL** Zip: **33761**

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:  DATE: **04/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORREST, GARY T 105 KELLEYS TRAIL OLDSMAR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGE DAVIS 8425 S. TIMBERLINE RD. FORT COLLINS, CO 80525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOUGLAS M. DAVIS 1525 SAN JUAN CIRCLE EVANS, CO 80620	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **04/16/03** PHONE: **(970)593-0383**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)