FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000107545**1. Corporation Name

UNIVERSITY RESEARCH CONSULTANTS, INC.

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Principal Place	e of Business	Ma	ailing Address			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,		
1917 MANCHESTER CIRCLE 1917 MANCHESTER CIRCLE									·
NAPLES FL 34109-7221 NAPLES FL 34109-7221									-
•						DO NOT WR		SPACE	
						3. Date Incorporated or Qualifect	١		
						12/22/1997		1 1 1 1	* 1 1
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number		A	pplied For
21		26				NOT APPLICABLE		N.	ot Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.			5. One difference of Obstace Province d		\$8.75	Additional
22		27				5. Certifcate of Status Desired	ш	Fee R	equired
City & Stat	te		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country		Zip	Cou	ntry	8. This corporation owes the cur	rent vear Int	langible	
24	25	29	•	30	•	Personal Property Tax.		Yes	□No
24	9. Name and Address of Curre	1=-1	tered Agent	1001		10. Name and Address of New	Registered	Agent	
			()		81 Name .		· · · · · · · · · · · · · · · · · · ·	y	
RÙB	ENS, ARTHUR J.DR.	-2. 2 Ma							
UNIVISIT MANCHESTER CIRCLE TSUE TABLES, 1800				82 Street Add	ress (P.O. Box Number is Not Accept	table)			
	LES FL 34109-7221					1 20 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and Park Care	1511 1000 A.H.	41750 \$10 18E
NAC	LES FL 34105-7221				83		机输出		
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11. Pursuant	to the provisions of Sections 607.05	502 and 6	07.1508, Florida Statu	ites, the al	ove-named corp	poration submits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florid	la. Such change was : Section 607 0505, Fl	authorized orida Stati	by the corporati	on's board of directors. I hereby acce	ept the appoi	intment as re	egisterea
-	in terminal with and accept the obig	gationio oi,	000001100110000111	onda otate				(1) (1) (1)	
SIGNATURE									
DIGNATORE	Signature, typed or printed name of registered ac	gent and title i	if applicable. (NOT	E: Registered	Agent signature require	ed when reinstating) : \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	DATE	•	* ***
	Signature, typed or printed name of registered at OFFICERS A			E: Registered	Agent signature require	ed when reinstating); () () () () () () () () () (ND DIRECTO	DRS IN 12
12.	OFFICERS A					ADDITIONS/CHANGES TO O		ND DIRECTO	DRS IN 12
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14. 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 annual report or supplemental annual 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment writty an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP...

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90008 034 ***150.00