2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 574289 Mar 27, 2000 8:00 am **Secretary of State** AUTOMATION SCIENCES, INC. 03-27-2000 90129 035 ***150.00 Principal Place of Business Mailing Address 4306 N. TAMIAMI TRAIL 4306 N. TAMIAMI TRAIL SARASOTA FL 34234-3862 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1829921 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBBS, GUSTAVE DR Street Address (P.O. Box Number is Not Acceptable) 344 SIESTA DR SARASOTA FL 34242 Zip Code City FL 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 SIGNATURE DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (X) Change Addition TITLE ☐ Delete TITLE DUBBS, DANIEL NAME 3601 Azalea Lane STREET ADDRESS 4721 ATLANTIC AVE. STREET ADDRESS Sarasota, FL 34240 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL X Change Addition TITLE ☐ Delete MCKENNA, DIANE NAMÉ MCKEENA, DIANE NAME STREET ADDRESS 2624 SIESTA DRIVE STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP (X) Change Addition TITLE Delete TITLE DUBBS, DOLORES NAME STREET ADDRESS 344 SIESTA DRIVE STREET ADDRESS Sarasota, FL 34242 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP <u>VD</u> ☐ Change Addition Delete TITLE **DUBBS, GUSTAVE** NAME NAME STREET ADDRESS 344 SIESTA DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF

13. 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 11 or Block 12 if