

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701910

1. Entity Name

JUNIOR SCIENCE MUSEUM, INCORPORATED

Principal Place of Business

201-10TH STREET WEST
BRADENTON FL 34205

Mailing Address

POST OFFICE BOX 1911
BRADENTON FL 34206

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1861837

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, SUSAN F
105 47TH AVE. DR. W. #175
BRADENTON FL 34207

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLACKBURN, MARY U	
STREET ADDRESS	2804 7TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	EDT	<input type="checkbox"/> Delete
NAME	CHANDLER, SUSAN	
STREET ADDRESS	105 47TH AVE. DR. W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	CSIZINSZKY, ALEXANDRA	
STREET ADDRESS	6111 8TH AVENUE DRIVE W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ELSTON	
STREET ADDRESS	P.O. BOX 1772	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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:

Susan Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-01

941-747-1168

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90011 004 ****70.00

605597



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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