

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90064 033 ***150.00

DOCUMENT # 841035

1. Entity Name
ATLANTIC SCIENTIFIC CORPORATION

Principal Place of Business

**4300 FORTUNE PLACE
 SUITE A
 MELBOURNE FL 32904**

Mailing Address

**4300 FORTUNE PLACE
 SUITE A
 MELBOURNE FL 32904**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1772576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BIRD, ANTHONY O
 4300 FORTUNE PLACE STE A
 W. MELBOURNE FL 32904**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	GRAEME, S P	
STREET ADDRESS	4300 FORTUNE PLACE, STE. A	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BIRD, ANTHONY O	
STREET ADDRESS	4300 FORTUNE PLACE; SUITE A	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GREENHALCH, WILLIAM S	
STREET ADDRESS	4300 FORTUNE PLACE STE A	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILP, GRAEME S.	
STREET ADDRESS	4300 FORTUNE PLACE, STE. A	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENHALGH, WILLIAM S.	
STREET ADDRESS	4300 FORTUNE PLACE, STE. A	
CITY-ST-ZIP	W MELBOURNE FL 32904	
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		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY O BIRD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02
 Date

321-725-8000
 Daytime Phone #

CR2E034 (9/01)