

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90665 034 ***150.00

DOCUMENT # F02000001243

1. Entity Name
APPLIED SCIENCE ASSOCIATES INC.



Principal Place of Business
1000 W HORATIO ST
#304
TAMPA FL 33606

Mailing Address
1000 W HORATIO ST
#304
TAMPA FL 33606



2. Principal Place of Business
4607 W. LAMB AVE

Suite, Apt. #, etc.
TAMPA, FL

City & State
33629

Zip **Country** **USA**

3. Mailing Address
4607 W. LAMB AVE

Suite, Apt. #, etc.
TAMPA, FL

City & State
33629

Zip **Country** **USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
522271304

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MLYNAREK, STEVE
1000 W HORATIO ST
#304
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **MLYNAREK, STEVE**

Street Address (P.O. Box Number is Not Acceptable)
4607 W. LAMB AVE

TAMPA FL

City **FL** **Zip Code** **33629**

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 *Steve Mlynarek*

(NOTE: Registered Agent signature required when reinstating)

3/6/03

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CVDP** ☐ Delete
NAME **MLYNAREK, STEVE**
STREET ADDRESS **1000 W HORATIO ST #304**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **VST** ☐ Delete
NAME **MLYNAREK, STEVE**
STREET ADDRESS **1000 W HORATIO ST #304**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4607 W. LAMB AVE**
CITY-ST-ZIP **TAMPA FL 33629**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4607 W. LAMB AVE**
CITY-ST-ZIP **TAMPA FL 33629**

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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 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: *Steve Mlynarek* **3/6/03** **813-253-2757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)