

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90100 017 \*\*\*150.00

**DOCUMENT # F02000005750**

1. Entity Name  
**APPLIED SPECTROMETRY ASSOCIATES, INC.**



Principal Place of Business  
**W226 N555 G EASTMOUND DRIVE  
WAUKESHA WI 53186**

Mailing Address  
**W226 N555 G EASTMOUND DRIVE  
WAUKESHA WI 53186**

**00044334**



2. Principal Place of Business  
**2325 Parklawn Drive**

3. Mailing Address  
**2325 Parklawn Drive**

Suite, Apt. #, etc.  
**Suite I**

Suite, Apt. #, etc.  
**Suite I**

City & State  
**Waukesha WI**

City & State  
**Waukesha WI**

Zip  
**53186**

Country  
**USA**

Zip  
**53186**

Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**39-1815847**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH, SUITE 300  
NAPLES FL 34103**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing - Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
BEEMSTER, BERNARD J  
W226 N555 G EASTMOUND DRIVE  
WAUKESHA WI 53186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
REYNOLDS, BRUCE  
W226 N555 G EASTMOUND DRIVE  
WAUKESHA WI 53186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
KAHLE, SCOTT  
W226 N555 G EASTMOUND DRIVE  
WAUKESHA WI 53186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HATENSTEIN, MICHAEL  
PO BOX 206  
OCONOMOWOE WI 53066** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**R** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/03**

**262 717 9500**

**Bernard J Beemster President**

CR2E034 (10/02)