

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000004071**1. Entity Name
INTEGRATED SCIENCE & ENGINEERING, INC.**Principal Place of Business**

50 STATE RD. A1A, STE. 110

PONTE VEDRA BEACH
32082

FL

Mailing Address

50 STATE RD. A1A, STE. 110

PONTE VEDRA BEACH
32082

FL

2. Principal Place of Business
135 PROFESSIONAL DRIVE**3. Mailing Address**
135 PROFESSIONAL DRIVESuite, Apt. #, etc.
SUITE 104Suite, Apt. #, etc.
SUITE 104City & State
PONTE VEDRA BEACH

FL

City & State
PONTE VEDRA BEACH

FL

Zip
32082

Country

Zip
32082

Country

4. FEI Number
58-1286525

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSCOTT WILLIAM S
50 STATE RD. A1A, STE. 110PONTE VEDRA BEACH
32082

US

FL

7. Name and Address of New Registered Agent

Name

DUDLEY DAVID F

Street Address (P.O. Box Number is Not Acceptable)
135 PROFESSIONAL DRIVE

SUITE 104

City

PONTE VEDRA BEACH

FL

Zip Code
32082

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 **DAVID F. DUDLEY****01/10/2001**

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CVT
UPSON BRIAN K
275 S. LEE ST.
FAYETTEVILLE GA 30214 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPS
DAVIS LAWRENCE H
275 S. LEE ST.
FAYETTEVILLE GA 30214 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: L.H. Davis, Jr.

CPS

01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)