

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006257

1. Entity Name

SCIENTECH, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90098 001 \*\*\*300.00

Principal Place of Business

Mailing Address

2650 MCCORMICK DRIVE, SUITE 300  
 CLEARWATER FL 33759-1049

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 CLEARWATER FL 33759-1049

2. Principal Place of Business

440 W. Broadway

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Idaho Falls, ID 83402

City & State

Zip

Country

83402

Bonneville

Zip

Country

4. FEI Number

82-0381275

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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, 2000 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 V ☐ Delete  
 NAME BURTON, HAROLD M  
 STREET ADDRESS 910 CLOPPER ROAD  
 CITY-ST-ZIP GAITHERSBURG MD 20878-1399

TITLE D ☐ Delete  
 NAME DIRCKS, WILLIAM J  
 STREET ADDRESS 6105 KENNEDY DRIVE  
 CITY-ST-ZIP CHEVY-CHASE MD 20815

TITLE CD ☐ Delete  
 NAME KAUFMAN, NICHOLAS C  
 STREET ADDRESS 10 35TH AVENUE COURT N.W.  
 CITY-ST-ZIP GIG HARBOR WA 98335

TITLE D ☐ Delete  
 NAME MCGOWAN, GEORGE V  
 STREET ADDRESS 39 WEST LEXINGTON STREET  
 CITY-ST-ZIP BALTIMORE MD 21203

TITLE V ☐ Delete  
 NAME MATTSON, ROGER J.  
 STREET ADDRESS 1746 COLE BLVD., SUITE #225  
 CITY-ST-ZIP GOLDEN CO 80401-3210

TITLE P ☐ Delete  
 NAME LOCH, PAUL  
 STREET ADDRESS 2124 SILVER LEAF COURT  
 CITY-ST-ZIP LONGWOOD FL 32779

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)