

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90168 037 ***150.00

DOCUMENT # **643085**

1. Entity Name

SENSIDYNE, INC.

DO NOT WRITE IN THIS SPACE

656563

2. Principal Place of Business

16333 BAY VISTA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

12837 FLUSHING MEADOWS

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

SAINT LOUIS, MO

4. FEI Number

59-2298930

Applied For

Not Applicable

Zip

34620

Country

US

Zip

63131

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CARL MAZZUCA

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

16333 BAY VISTA DRIVE

City

CLEARWATER

FL

Zip Code

34620

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 15 Fees \$150.00
After May 15 Fees \$550.00
Amended UBRs \$61.25
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
**DP
MAZZUCA, CARL
16333 BAY VISTA DRIVE
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ROBISON, ROBERT A.
12837 FLUSHING MEADOWS
ST. LOUIS, MO 63131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
ANDERSON, HALVOR B.
12837 FLUSHING MEADOWS
ST. LOUIS, MO 63131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
SCHWARTZ, RICHARD J.
12837 FLUSHING MEADOWS
ST. LOUIS, MO 63131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
BOWRON, ROBERT R.
12837 FLUSHING MEADOWS
ST. LOUIS, MO 63131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(727) 530-3602

Daytime Phone #

CARL MAZZUCA