## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2000 8:00 am Secretary of State **DOCUMENT # G88961** 1. Entity Name ASC GEOSCIENCES, INC. 02-04-2000 90074 014 \*\*\*158.75 Mailing Address Principal Place of Business 3055 DRANE FIELD RD 3055 DRANE FIELD RD LAKELAND FL 33811-1332 LAKELAND FL 33811 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2383857 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAXENA, DHIRENDRA S Street Address (P.O. Box Number is Not Acceptable) 3055 DRANE FIELD ROAD LAKELAND FL 33811 Zip Code City FL 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 it applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE TITLE SAXENA, JAYANT NAME STREET ADDRESS 2845 CORINTHIAN AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SAXENA, URMILA NAME NAME STREET ADDRESS 1068 SUGARTREE DR S STREET ADDRESS ,CITY-ST-ZIP\_ LAKELAND FL 33813 CiTY-ST-ZIP Change Addition VSD ☐ Delete TITLE TITLE SAXENA, ANUPAM NAME NAME STREET ADDRESS 4902 TRADITION DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Change | Addition PTD ☐ Delete TITLE DITLE SAXENA, DHIRENDRA S NAME NAME 1068 SUGARTREE DRIVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 supplied with this ming does not quality for the exempliant stated in Section 1.19.07(3)(i), Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED