

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G88961**

1. Entity Name

ASC GEOSCIENCES, INC.

Principal Place of Business

**3055 DRANE FIELD RD
LAKELAND FL 33811
US**

Mailing Address

**3055 DRANE FIELD RD
LAKELAND FL 33811
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2383857

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAXENA, DHIRENDRA S
3055 DRANE FIELD ROAD
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	SAXENA, JAYANT	
STREET ADDRESS	2845 CORINTHIAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAXENA, URMILA	
STREET ADDRESS	1068 SUGARTREE DR S	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	SAXENA, ANUPAM	
STREET ADDRESS	4902 TRADITION DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SAXENA, DHIRENDRA S	
STREET ADDRESS	1068 SUGARTREE DRIVE S	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/16/01

Date

863.644.8300

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90395 050 ***158.75

00044401

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)