

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-24-2003 90148 050 ***158.75

DOCUMENT # H47755

1. Entity Name
EMS SCIENTISTS, ENGINEERS, PLANNERS, INC.



Principal Place of Business
**393 CENTERPOINTE CIR STE 1483
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**393 CENTERPOINTE CIR STE 1483
ALTAMONTE SPRINGS FL 32701**

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 **59-2538538**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIELSEN, STEPHEN A.
465 HIDDEN RIDGE DR.
ENTERPRISE FL 32728**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P NIELSEN, STEPHEN A.** ☐ Delete
STREET ADDRESS **465 HIDDEN RIDGE DR.**
CITY-ST-ZIP **ENTERPRISE FL**

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

TITLE
NAME **V EXNER, GARY** ☐ Delete
STREET ADDRESS **410 LAKE LENELLE DR**
CITY-ST-ZIP **CHULUOTA FL 32766**

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

TITLE
NAME **S BRADOW, STUART N** ☐ Delete
STREET ADDRESS **201 SHERYL DRIVE**
CITY-ST-ZIP **DELTONA FL**

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

TITLE
NAME **T NIELSON, GERI** ☐ Delete
STREET ADDRESS **465 HIDDEN RIDGE DR**
CITY-ST-ZIP **ENTERPRISE FL**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Ger R. Nielsen, Secretary 4/7/03

407-260-0883

CR2E034 (10/02)