

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20421

1. Entity Name

FLORIDA SCIENCE SOURCE, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90019 042 ***158.75

Principal Place of Business

% WILFRED F. WARDOWSKI
1293 MIRROR TERRACE, NW
WINTER HAVEN FL 33881

Mailing Address

WILFRED F WARDOWSKI
P.O. BOX 927
LAKE ALFRED FL 33850-0927
US

2. Principal Place of Business

% WILFRED F WARDOWSKI

3. Mailing Address

WILFRED F WARDOWSKI

Suite, Apt. #, etc.

570 BOWSPRIT LANE

Suite, Apt. #, etc.

P.O. BOX 8217

City & State

LONGBOAT KEY FL

City & State

LONGBOAT KEY FL

Zip

34228

Country

USA

Zip

34228

Country

USA

4. FEI Number

59-2716261

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARDOWSKI, WILFRED F.
1293 MIRROR TERRACE, NW
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name
WARDOWSKI, WILFRED F

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

City
LONGBOAT KEY

FL

Zip Code
34228

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 *Wilfred F Wardowski* WILFRED F WARDOWSKI APRIL 2, 2000
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WARDOWSKI, WILFRED F.
1293 MIRROR TERRACE, NW
WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
WARDOWSKI, CHRISTIE C.
1293 MIRROR TERRACE N.W.
WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WARDOWSKI, WILFRED F
570 BOWSPRIT LANE
LONGBOAT KEY FL 34228 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
WARDOWSKI, CHRISTIE C
570 BOWSPRIT LANE
LONGBOAT KEY FL 34228 ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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: *Wilfred F Wardowski* WILFRED F WARDOWSKI 941 383-4680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #