2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J20421

Entity Name: FLORIDA SCIENCE SOURCE, INC.

FILED Jan 12, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% WILFRED F. WARDOWSKI 570 BOWSPRIT LANE LONGBOAT KEY, FL 34228 US

Current Mailing Address: New Mailing Address:

WILFRED F WARDOWSKI
P.O. BOX 8217
LONGBOAT KEY, FL 34228 US

WILFRED F WARDOWSKI
P.O. BOX 8217
LONGBOAT KEY, FL 34228 US

FEI Number: 59-2716261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARDOWSKI, WILFRED F.
570 BOWSPRIT LANE
LONGBOAT KEY, FL 34228

WARDOWSKI, WILFRED F
570 BOWSPRIT LANE
LONGBOAT KEY, FL 34228

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 01/12/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD () Delete Title: VSD (X) Change () Addition WARDOWSKI, CHRISTIE, C. WARDOWSKI, CHRISTIE C Name: Name: 570 BOWSPRIT LANE 570 BOWSPRIT LANE Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228

() Delete Title: Title: (X) Change () Addition WARDOWSKI, WILFRED F, . WARDOWSKI, WILFRED F Name: Name: 570 BOWSPRIT LANE Address: 570 BOWSPRIT LANE Address: City-St-Zip: LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILFRED F. WARDOWSKI PTD 01/12/2002