

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L02000015323

1. Entity Name

RESEARCH SCIENCES, LLC



03 OCT 16 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7196 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

Mailing Address

7196 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05/02/03 90754 029 \$50.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0022528

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00-Additional Fee Required

6. Name and Address of Current Registered Agent

DIBBS, SCOTT W
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

GILBERT B. McARTHUR

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

6 BELLEVUE BLVD., SUITE 308

City

BELLEAIR

FL

Zip Code

33756

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

Gilbert B. McArthur

CHIEF FINANCIAL OFFICER

4-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| NAME | PRESIDENT & CEO |
| STREET ADDRESS | FRANK RUGGIERI |
| CITY-ST-ZIP | 7196 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| NAME | EXEC. VP & CFO |
| STREET ADDRESS | GILBERT B. McARTHUR |
| CITY-ST-ZIP | 6 BELLEVUE BLVD., #308 BELLEAIR, FL 33756 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Gilbert B. McArthur EXEC. VP & CFO

4-29-03

727-441-490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone