

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M94344**

1. Entity Name

SCIENTIFIC EXPEDITIONS, INC.**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90025 044 ***158.75

Principal Place of Business		Mailing Address	
227 W MIAMI AVE. #3 VENICE FL 34285 US		227 W MIAMI AVE. #3 VENICE FL 34285-2359 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0066593	Applied For	Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROTH, VIRGINIA H. 1832 QUAIL LAKE DRIVE VENICE FL 34293		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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZ, C W	NAME	
STREET ADDRESS	3288 PAGE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, VIRGINIA H.	NAME	
STREET ADDRESS	1832 QUAIL LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, ANNE H	NAME	
STREET ADDRESS	901 W AUSTIN AVE	STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL	CITY-ST-ZIP	
TITLE	DTV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, JOHN L.	NAME	
STREET ADDRESS	917 CEDAR COVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, WILLIAM W.	NAME	
STREET ADDRESS	1025 BARTON COURT	STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Virginia H. Roth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 2000

Date

Daytime Phone #