

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90296 022 ***158.75

DOCUMENT # M94344

1. Entity Name

SCIENTIFIC EXPEDITIONS, INC.

Principal Place of Business

**227 W MIAMI AVE.
 #3
 VENICE FL 34285
 US**

Mailing Address

**227 W MIAMI AVE.
 #3
 VENICE FL 34285
 US**

2. Principal Place of Business

227 Miami Avenue W

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Same as above

Zip

34285

Country

Sarasota

Zip

34285

Country

Sarasota

4. FEI Number

65-0066593

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROTH, VIRGINIA H.
 1832 QUAIL LAKE DRIVE
 VENICE FL 34293**

7. Name and Address of New Registered Agent

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	OZ, C W	
STREET ADDRESS	3288 PAGE AVENUE	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROTH, VIRGINIA H.	
STREET ADDRESS	1832 QUAIL LAKE DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HOGAN, ANNE H	
STREET ADDRESS	901 W AUSTIN AVE	
CITY-ST-ZIP	PARK RIDGE IL	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	HOGAN, JOHN L.	
STREET ADDRESS	917 CEDAR COVE ROAD	
CITY-ST-ZIP	WELLINGTON WEST PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOGAN, WILLIAM W.	
STREET ADDRESS	1025 BARTON COURT	
CITY-ST-ZIP	GLENVIEW IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Non at moment will advise	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DTV address only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, John L.	
STREET ADDRESS	3744 Castellon Court	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Virginia H. Roth

Jan 24, 2001 (41) 484-3854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)