

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99402

1. Entity Name

S. RICHARD SAUBER, PH.D., INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90031 004 ***150.00

Principal Place of Business	Mailing Address:
7300 W. CAMINO RD SUITE 112 BOCA RATON FL 33433 US	17829 SCARSDALE WAY BOCA RATON FL 33496-1334 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

City & State	City & State	4. FEI Number	65-0083189	Applied For
Zip	Country	Zip	Country	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAUBER, RICHARD S. 17829 SCARSDALE WAY BOCA RATON FL 33496	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] DATE 1/8/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: [Signature] DATE 1/8/00 DAYTIME PHONE # (561) 483 2054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)