

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/4

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90055 030 \*\*\*\*61.25

**DOCUMENT # N95000004856**

1. Entity Name

**CENSORED SCIENCE INC.**

Principal Place of Business

3490 SE 186TH AVE.  
MORRISTON FL 32668

Mailing Address

PO BOX 457  
MORRISTON FL 32668-0457

2. Principal Place of Business

803 Coleman Drive  
Suite, Apt. #, etc.

3. Mailing Address

803 Coleman Drive  
Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

65-0625770

Applied For

Not Applicable

Zip

33567

Country

USA

Zip

33567

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR.  
C/O STEWART & STORTER, ATTORNEYS AT LAW  
2121 COUNTY RD. 951, SUITE 101  
GOLDEN GATE FL 33999

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FRATES, STEPHEN H	
STREET ADDRESS	3490 SE 186TH AVE.	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STATON, KEETH	
STREET ADDRESS	11664 N KENLAKE CIR.	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RILEY	
STREET ADDRESS	2831 SE 17TH ST.	
CITY-ST-ZIP	OCALA FL 34471	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Dombrowsky	
STREET ADDRESS	12354 Sawgrass Ct.	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Harris	
STREET ADDRESS	5200-28 Place S.W.	
CITY-ST-ZIP	Naples, FL 34116	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*He Fata*

4/14/00

813-754-7988