

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90413 034 \*\*\*\*61.25

DOCUMENT # *N 95 00000 4856*

1. Entity Name

*Censored Science*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*803 Coleman Dr.*

3. Mailing Address

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Plant City, FL*

City & State

4. FEI Number

*650625 770*

Applied For

Not Applicable

Zip

*33567*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*James C. Stewart*

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

*2121 City Rd 951*

City

*Naples, FL*

**FL**

Zip Code

*33999*

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

**FEE IS \$61.25  
Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*Steve Frates - D  
803 Coleman Dr.  
Plant City, FL 33567*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*Mike Dombrowsky - D  
12354 Sawgrass Ct.  
Wellington, FL 33414*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*Tom Harris - D  
5200-28 Pl. S.W.  
Naples, FL 34116*

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/02*

Date

Daytime Phone #

*813-749-1228*

CR2E037B (12/01)