

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90663 011 ****61.25

DOCUMENT # N98000001461

1. Entity Name

FLORIDA INSTITUTE OF RESEARCH, SCIENCE & TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

420 WEST ADAMS STREET
STE 601
JACKSONVILLE FL 32202

POST OFFICE BOX 24942
JACKSONVILLE FL 32241-4942

2. Principal Place of Business

POST OFFICE Box 24942

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

31-1593667

Applied For

Not Applicable

Zip

32241-4942

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYCE, HOWARD C
12749 LONGVIEW DRIVE WEST
JACKSONVILLE FL 32222

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

Howard C Royce

(NOTE: Registered Agent signature required when reinstating)

4/1/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ROQUE, CARIDAD**
STREET ADDRESS **11471 DISCUS COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **YANG, ANDREW**
STREET ADDRESS **11210 LAKE MANDARIN CIRCLE, EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☒ Change ☐ Addition
NAME **YANG, ANDREW**
STREET ADDRESS **5044 TAYLOR CREEK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **D** ☐ Delete
NAME **ROYCE, HOWARD C**
STREET ADDRESS **12749 LONGVIEW DRIVE WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Howard C Royce
HOWARD ROYCE

4/1/02 (904) 358-1110
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

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