

2000 UNIFORM BUSINESS REPORT (UBR)

44/2

DOCUMENT # N99000002932

1. Entity Name

SCIENCE FOR TRUTH CORP.

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FILED
Jul 11, 2000 8:00 am
Secretary of State

04-24-2000 90140 018 ****61.25

Principal Place of Business

Mailing Address

5429 HANSEL AVE. STE. N-11
ORLANDO FL 32809

5429 HANSEL AVE. STE. N-11
ORLANDO FL 32809-3448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

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

MERRILL, EDWARD H III
5429 HANSEL AVE. STE. N-11
ORLANDO FL 32809

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

Ed Merrill

4-13-00

DATE

**FILE NOW:
FEE IS \$81.25**

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 P D
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT & CEO
THOMAS SHAW
2410 Twinflower Ct.
MARTINEZ, CA 94553 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT & CEO
THOMAS SHAW
2410 Twinflower Ct.
MARTINEZ, CA 94553 ☐ Change ☒ Addition

TITLE S D
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
EDWARD MERRILL
5429 HANSEL AVE # N-11
ORLANDO, FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDWARD H. MERRILL
5429 HANSEL AVE. STE N-11
ORLANDO, FL 32809 ☐ Change ☐ Addition

TITLE T D
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
DR. J. MARTIN SHAW
HARBOR OAKS HWY 35 N.
ROCKPORT, TX 78382 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

THOMAS SHAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000 (925)
372-3773
Daytime Phone #

CR2E037 (9/99)