

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000069502**1. Entity Name
SCIENTIFIC SOLUTIONS, INC.

Principal Place of Business 2511 BISHOP COURT SOUTH DAYTONA FL 32119	Mailing Address 2511 BISHOP COURT SOUTH DAYTONA FL 32119
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2. Principal Place of Business 4343 SOUTH US 1	3. Mailing Address 4343 SOUTH US 1
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PORT ORANGE FL	City & State PORT ORANGE FL
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Zip 32127	Country	Zip 32127	Country
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4. FEI Number 59-3660178	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGIMVANG SHERRIE
2511 BISHOP COURT

SOUTH DAYTONA FL 32119**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 _____ 09/13/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	☐ Delete
NAME	HENSLEY CASEY	
STREET ADDRESS	2511 BISHOP COURT	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	V	☐ Delete
NAME	GIMVANG BO	
STREET ADDRESS	2511 BISHOP COURT	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	P	☐ Delete
NAME	GIMVANG SHERRIE	
STREET ADDRESS	2511 BISHOP COURT	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Sherrie Gimvang

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09/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)