

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90065 050 ***158.75

DOCUMENT # P00000081584

1. Entity Name
E SCIENCES, INCORPORATED

Principal Place of Business
**1216 LANCASTER DRIVE
 ORLANDO FL 32806**

Mailing Address
**1216 LANCASTER DRIVE
 ORLANDO FL 32806**

2. Principal Place of Business
1605B E. Harwood St.
 Suite, Apt. #, etc.

3. Mailing Address
1605B E. Harwood St.
 Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
59 3667002

Applied For
 Not Applicable

Zip Country
32803 USA

Zip Country
32803 USA

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

**BURGUNDER, KARL A ESQ
 1565 GEMINI CT
 OVIEDO FL 32765**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **PARTLOW, PETER K**
 STREET ADDRESS **1216 LANCASTER DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **Partlow, Peter K.**
 STREET ADDRESS **1605B. E. Harwood St.**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **VSD** ☐ Delete
 NAME **BASSETT, JAMES E**
 STREET ADDRESS **1216 LANCASTER DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **Bassett, James S.**
 STREET ADDRESS **1605B E. Harwood St.**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: JAMES S. BASSETT 4/27/01 407-894-8883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)