

FILED  
Sep 19, 2001 8:00 am  
Secretary of State

08-01-2001 90190 023 \*\*\*158.75  
09-19-2001 90161 013 \*\*\*391.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105652

1. Entity Name

J & J SCIENTIFIC PRODUCTS, INC.

Principal Place of Business

18508 CRAWLEY RD.  
ODESSA FL 33556

Mailing Address

18508 CRAWLEY RD.  
ODESSA FL 33556

2. Principal Place of Business

1910 RaceTrack Road  
Suite, Apt. #, etc.

3. Mailing Address

1910 RaceTrack Road  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL 33626

City & State

Tampa, FL 33626

4. FEI Number

65-1059963

Applied For

Not Applicable

Zip

33626

Country

USA

Zip

33626

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

O'MALLEY, ANDREW M  
712 S. OREGON AVE.  
TAMPA FL 33606

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
HELICKE, ALBERT H  
18508 CRAWLEY RD.  
ODESSA FL 33556

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
HELICKE, CAROLYN S  
18508 CRAWLEY RD.  
ODESSA FL 33556

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

*Albert Helicke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


4-1-01

Daytime Phone #

813-818-8323

CR2E034 (10/00)

A0086888

Attachment  
Dest 900000105652  


August 6, 2001

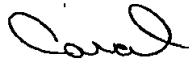
Division of Corporations  
P. O. Box 1500  
Tallahessee, FL 32302-1500

ATTN: Annual Reports Section

We moved into a new facility around the first of April and the application got packed into a box of old paper work. I found it a few weeks ago and put it in the mail. I'm sorry it was late but I thought I had mailed it. Please reconsider the late fee for our annual report.

Your consideration is appreciated!

Sincerely,



Carol Helicke