

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90441 001 \*\*\*150.00

DOCUMENT #

1. Entity Name  
SCIENCE IN MOTION, INC.  
P.O. 1000047991

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3091 N.W. 112 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
3091 N.W. 112 AVE.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL SPRINGS, FL  
Zip  
33065  
Country  
USA

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CORAL SPRINGS, FL  
Zip  
33065  
Country  
USA

4. FEI Number  
65-1110848 (EIN #)  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JOHN KORTHALS, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
1401 EAST ATLANTIC BLVD.

City  
POMPANO BEACH FL  
Zip Code  
33060

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 if applicable.

(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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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	NANCY BARBA D 12117 N.W. 15 <sup>th</sup> CT. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NATHALIE HEYDET D 3091 N.W. 112 AVE. CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROSE-MARIE - BOTTS D 2801 NORTHWEST 106 DR CORAL SPRINGS, FL 33065
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nathalie Heydet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 954-712-1618  
Date Daytime Phone #