04/30/2003 11:15 8139356868 ROBERTFCOHEN

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90729 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097102

90119715

1. Entity Name
AMERICAN RESEARCH, INC.

Principal Place of Business	Mailing Address
12157 W LINEBAUGH AVE STE 187 TAMPA, FL 33626	12157 W LINEBAUGH AVE STE 187 TAMPA, FL 33626

2. Principal Place of Business	3. Mailing Address
8313 W. Hillsborough	
Suite, Apt. #, etc. 2160	Suite, Apt. #, etc.
City & State Tampa FL	City & State
Zip 33615 Country USA	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3757616 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, ROBERT F
2915 BUSCH LAKE BLVD
TAMPA, FL 33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/30/03

Typed or printed name of registered agent and title if applicable. DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARNOLD, CHRISTIAN	NAME	
STREET ADDRESS	12157 W LINEBAUGH AVE STE 187	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WATKINS, JAMES	NAME	
STREET ADDRESS	12157 W LINEBAUGH AVE STE 187	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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: [signature] Christian Arnold 4/30/03 813 890-0328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #