

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000091599

1. Entity Name
SCIENT'X USA, INC.



Principal Place of Business
1015 MAITLAND CENTER COMMONS, SUITE 106A
MAITLAND FL 32751

Mailing Address
1015 MAITLAND CENTER COMMONS, SUITE 106A
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0639063

Applied For

Not Applicable

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

PEARLMAN, CRAIG S
2 S. ORANGE AVE., 5TH FLOOR
ORLANDO FL 32801

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 11

TITLE D ☐ Delete
NAME CORRANCE, CRAIG
STREET ADDRESS 8518 MILANO DR., #2020
CITY-ST-ZIP ORLANDO FL 32810

TITLE President ☒ Change ☐ Addition
NAME Corrance, Craig
STREET ADDRESS 6006 Lakeworth Circle
CITY-ST-ZIP Heathrow FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Olivier Carli
STREET ADDRESS Parc Ariane 3-5 rue Alfred Kastler
CITY-ST-ZIP 78284 Guyancourt Cedex FRANCE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Francois Xavier Brouil
STREET ADDRESS Parc Ariane 3-5, rue Alfred Kastler
CITY-ST-ZIP 78284 Guyancourt Cedex FRANCE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

407-571-2550

Daytime Phone #

CR2E034 (10/02)

0065861
AV