

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90102 039 ***150.00



DOCUMENT # P04000033865

1. Entity Name

ADVANCED CHEMICAL SENSORS, INC.

Principal Place of Business
3201 NORTH DIXIE HWY
BOCA RATON FL 33431

Mailing Address
3201 NORTH DIXIE HWY
BOCA RATON FL 33431



2. Principal Place of Business - No P.O. Box #

2300 N. Federal Highway

3. Mailing Address

2254 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#782

1st MOORE

CR2E034 (10/06)

City & State

Boca Raton, FL

City & State

Boca Raton

4. FEI Number

20-0778928

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKER, LAURENCE
3201 NORTH DIXIE HWY
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Locker, Laurence

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

350 oaks lane

City

Pompano Beach

FL

Zip Code

33069

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

Laurence D. Locker

02.01.07

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

(NOTE: Registered Agent signature required when resigning.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LOCKER, LAURENCE D	
STREET ADDRESS	3201 N DIXIE HWY	
CITY ST ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> Delete
NAME		
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CITY ST ZIP		

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY ST ZIP	

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NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Laurence D. Locker

Laurence D. Locker 02.01.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #