

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90175 032 ***150.00

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DOCUMENT # P93000033166

1. Entity Name

NORTH ATLANTIC SCIENCE PUBLISHING COMPANY



Principal Place of Business

**843 SPRING OAK DRIVE
MELBOURNE FL 32901
US**

Mailing Address

**843 SPRING OAK DRIVE
MELBOURNE FL 32901
US**

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

59-3219381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MITCHELL, BRUCE A
1825 S RIVERVIEW DR
MELBOURNE FL 32901**

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, 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 **DSHALALOW, JEWGENI H**
STREET ADDRESS **3820 PEACOCK DR**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **D** ☐ Delete
NAME **BERSCHDSKI, INNA**
STREET ADDRESS **3820 PEACOCK DR**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowerment.

SIGNATURE:

SIG: Jewgeni H. Dshalalow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-13-03

CR2E034 (10/02)

Attachment

80119268
#P93000033166

Jewgeni H. Dshalalow
843 Spring Oak Drive
Melbourne, FL 32901
Ph (321) 951-8306, Fax (321) 726-8200
e-mail: *eugene_d@bellsouth.net*

May 13, 2003

Florida Department of States
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re.: FEI Numer 59-3219381, Doc # P9000033166, North Atlantic Science Publishing Co.

Dear Sir/Madam:

I sincerely apologize for filing my report so late (from May 1). My mother has been seriously ill, with heart and kidney failures and I am finally leaving for Germany tomorrow. I have been through a very difficult time and missed to handle many things, among them the important report because of her sickness (she had been in intensive care since end of March and I usually file the report before mid April). I ask for your kind permission to wave my late fee and accept my regular payment for \$150.00. If necessary, I can bring all documents over from Germany and her sickness. While neither I nor my wife went to Germany during this time, and only tomorrow I fly, the whole situation has been a tremendous burden for the family and we have not been living a normal live ever since. Please be so kind as to take this into consideration.

Gratefully,



Jewgeni H. Dshalalow
President
North Atlantic Science Publishing Co.