

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066230

1. Entity Name

SCIENTIFIC SURFACE TECHNOLOGIES, INCORPORATED

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90100 041 ***150.00

CU042660



DO NOT WRITE IN THIS SPACE

Principal Place of Business

28 NW 35TH TERRACE
GAINESVILLE FL 32607-476
US

Mailing Address

28 NW 35TH TERRACE
GAINESVILLE FL 32607-476
US

2. Principal Place of Business

28 NW 35TH Terrace
Suite, Apt. #, etc.

3. Mailing Address

3021 STATE RD 590 #613
Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607

Country

USA

City & State

Clearwater, FL

Zip

33759

Country

USA

4. FEI Number

59-3209747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOUNT, CHARLES K
28NW 35TH TERRACE
GAINESVILLE FL 32607-2476

7. Name and Address of New Registered Agent

Name
MOUNT, CHARLES K
Street Address (P.O. Box Number is Not Acceptable)
3021 STATE RD 590 #613
City
Clearwater FL Zip Code
33759

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

C. K. Mount CHARLES K. MOUNT, PRESIDENT 4-2-01

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	MOUNT, CHARLES K	
STREET ADDRESS	28 NW 35TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607-2476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNT, CHARLES K.	
STREET ADDRESS	3021 STATE RD 590, #613	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C. K. Mount CHARLES K. MOUNT, PRESIDENT 4-2-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)