

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90021 033 \*\*\*150.00

**DOCUMENT # P94000044695**

1. Entity Name

**SENSEI, INC.**

Principal Place of Business

Mailing Address

1320 MORELAND DR.  
A-3  
CLEARWATER FL 33764

1320 MORELAND DR.  
A-3  
CLEARWATER FL 33764-2929  
US

2. Principal Place of Business

1901 N. 13TH STREET

3. Mailing Address

P.O. BOX 24016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

Country

33605

Zip

Country

33623

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLACE, TIM J  
1320 MORELAND DR.  
A-3  
CLEARWATER FL 33764

Name

CAREY, MICHAEL R.

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

712 S. OREGON AVE.

City

TAMPA

FL

Zip Code

33606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Michael R. Carey*

4/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | KLACE, TIM J            |  |
| STREET ADDRESS | 1320 MORELAND DRIVE A-3 |  |
| CITY-ST-ZIP    | CLEARWATER FL 33764     |  |
| 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    |                         |  |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | STANTON, JOHN                  |  |
| STREET ADDRESS | 1901 N. 13TH STREET, SUITE 100 |  |
| CITY-ST-ZIP    | TAMPA, FL 33605                |  |
| 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:

*JOHN STANTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

813/310-4898

CR2E034 (9/99)