

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90527 016 ***150.00

DOCUMENT # P94000085505

1. Entity Name
SENSORPHYSICS, INC.



Principal Place of Business
**105 KELLEYS TRAIL
OLDSMAR FL 34677
US**

Mailing Address
**105 KELLEYS TRAIL
OLDSMAR FL 34677
US**

2. Principal Place of Business

8425 S. TIMBERLINE RD.

Suite, Apt. #, etc.

3. Mailing Address

8425 S. TIMBERLINE RD.

Suite, Apt. #, etc.

City & State

FORT COLLINS COLORADO

City & State

FORT COLLINS COLORADO

Zip
80525

Country
USA

Zip
80525

Country
USA

4. FEI Number

59-3281568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORREST, GARY
105 KELLEYS TRAIL
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name **Robert C. Burke, Jr.**

Street **28059 U S Highway 19 N, Suite 100**

City **Clearwater** State **FL** Zip **33761**

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)

04/23/03

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

TITLE **P** ☒ Delete
NAME **FORREST, GARY T**
STREET ADDRESS **105 KELLEYS TRAIL**
CITY-ST-ZIP **OLDSMAR FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **GEORGE DAVIS**
STREET ADDRESS **8425 S. TIMBERLINE RD.**
CITY-ST-ZIP **FORT COLLINS, CO 80525**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DOUGLAS M. DAVIS**
STREET ADDRESS **1525 SAN JUAN CIRCLE**
CITY-ST-ZIP **EVANS, CO 80620**

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/16/03 Daytime Phone # (970)593-0383

CR2E034 (10/02)