

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086079

1. Entity Name

SCIENCE STATIONS - 2000, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90089 041 ***150.00

Principal Place of Business

1640 N HWY 41
INVERNESS FL 34450
US

Mailing Address

1640 N HWY 41
INVERNESS FL 34450
US

2. Principal Place of Business

1110 Sterling Rd.
Suite, Apt. #, etc.

3. Mailing Address

58 N. Robin Hood Rd.
Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34450

Country

USA

City & State

Inverness, FL

Zip

34450

Country

USA

4. FEI Number

59-3282462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, DAN W
58 N ROBIN HOOD RD
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

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 ☐ Delete
NAME D
STREET ADDRESS ARMSTRONG, DAN W
CITY-ST-ZIP 58 NORTH ROBIN HOOD ROAD
INVERNESS FL 34450

TITLE ☐ Delete
NAME D
STREET ADDRESS ARMSTRONG, L. MARLENA
CITY-ST-ZIP 58 NORTH ROBIN HOOD ROAD
INVERNESS FL 34450

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Dan Armstrong DAN ARMSTRONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

Date

352-726-7710

Daytime Phone #

CR2E034 (10/00)