

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007035

1. Entity Name

CLINICAL INSTRUMENTS, INC.

Principal Place of Business

707 MULLETT DR
SUITE 112
CAPE CANAVERAL FL 32920

Mailing Address

707 MULLETT DR
SUITE 112
CAPE CANAVERAL FL 32920-4518

2. Principal Place of Business

745A SCALLOP DRIVE
Suite, Apt. #, etc.

3. Mailing Address

745A SCALLOP DRIVE
Suite, Apt. #, etc.

City & State

CAPE CANAVERAL

City & State

CAPE CANAVERAL

Zip

32920

Country

USA

Zip

32920

Country

USA

4. FEI Number

59-3355353

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOPE, DANIEL
707 MULLETT DR
SUITE 112
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name KOPE, DANIEL

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

745A SCALLOP DRIVE

City CAPE CANAVERAL

FL

Zip Code 32920

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

Daniel Kope

4-30-2000

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KOPE, DANIEL	
STREET ADDRESS	8701 CAMELIA CT	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPE, GREGORY	
STREET ADDRESS	96 E EAU GALLIE CAUSEWAY	
CITY-ST-ZIP	MELBOURNE FL 32937	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPE, DANIEL	
STREET ADDRESS	745A SCALLOP DR	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPE, GREGORY	
STREET ADDRESS	745A SCALLOP DR	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
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:

Daniel Kope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2000
Date

321 783 2818
Daytime Phone #

CR2E034 (9/99)