

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90010 029 \*\*\*150.00

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**DOCUMENT # P96000008294**

1. Entity Name  
**SCIENTIFIC CYBERNETICS, INC.**

Principal Place of Business <b>C/O WILLIAM B. ANDERSON          13379 COMPTON ROAD          LOXAHATCHEE GROVES FL 33470-4715</b>	Mailing Address <b>C/O WILLIAM B. ANDERSON          13379 COMPTON ROAD          LOXAHATCHEE GROVES FL 33470-4715</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0760062**      Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, WILLIAM B  
 13379 COMPTON ROAD  
 LOXAHATCHEE GROVES FL 33470-4715**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ (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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD LEVEN, SAMUEL	4701 FALSTONE AVENUE	CHEVY CASE MD 20815				
	D WERBOS, PAUL	8411 48TH STREET	COLLEGE PARK MD 20740				
	VP ANDERSON, WILLIAM B	13379 COMPTON ROAD	LOXAHATCHEE GROVES FL 33470				
	VP CORLEY, WILLIAM B III	3151 CLINT MOORE RD.	BOCA RATON FL 33496				

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: William B. Anderson **WILLIAM B. ANDERSON**

01/09/2002 561/655-8909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)