

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054250

1. Entity Name

ANALYTICAL RESEARCH SYSTEMS (ARS), INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90110 006 ***158.75

Principal Place of Business

Mailing Address

12109 S HWY US 441
MICANOPY FL 32667
US

POST OFFICE BOX 140218
GAINESVILLE FL 32614-0218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3386389

Applied For

Not Applicable

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

MANUKIAN, LLOYD S ESQ. ✓

~~1534 KINGSLEY AVENUE~~

~~ORANGE PARK FL 32073~~

*Address Change
only.*

Name **SAME**

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

10 WEST ADAMS ST.

3RD FLOOR

City **JACKSONVILLE**

FL

Zip Code **32202**

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

Lloyd S. Manukian

21 FEB 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	✓	<input type="checkbox"/> Delete
NAME	MANUKIAN, ARA	✓	
STREET ADDRESS	4909 NW 71ST PLACE	✓	
CITY-ST-ZIP	GAINESVILLE FL 32653	✓	
TITLE	VD	✓	<input type="checkbox"/> Delete
NAME	STROHSCHIEIN, RUDOLPH	✓	
STREET ADDRESS	ROUTE 2, BOX 83 HIGHWAY US 441	✓	
CITY-ST-ZIP	MICANOPY FL 32667	✓	
TITLE	SD	✓	<input type="checkbox"/> Delete
NAME	MANUKIAN, LLOYD S	✓	
STREET ADDRESS	4888 TREVI DRIVE	✓	
CITY-ST-ZIP	JACKSONVILLE FL 32257	✓	
TITLE			<input type="checkbox"/> Delete
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CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
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TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 FEB 2000 (352) 466-0051

Date

Daytime Phone #

CR2E034 (9/99)