

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031623

1. Entity Name

SCOTTSDALE SCIENTIFIC, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90018 019 ***150.00

Principal Place of Business

418 MISSION AVE
SAN RAFAEL CA 94901

Mailing Address

8655 E. VIA DE VENTURA
G-204
SCOTTSDALE AZ 85258-3359

2. Principal Place of Business

30806 SANTANA ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

HAYWARD CA

Zip

94544

Country

USA

Zip

←

Country

←

4. FEI Number

13-3940486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD #211
PALM BEACH GARDENS FL 33418

OK
SAME

7. Name and Address of New Registered Agent

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

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 DCEO ☐ Delete
NAME LEVINE, STEPHEN
STREET ADDRESS 15 BRIDGE RD
CITY-ST-ZIP KENTFIELD CA 94904

TITLE DSTO ☐ Delete
NAME LEVINE, SUSAN
STREET ADDRESS 15 BRIDGE RD
CITY-ST-ZIP KENTFIELD CA 94904

TITLE D ☒ Delete
NAME TAKEMOTO, ARNOLD
STREET ADDRESS 8300 N. HAYDEN RD., STE A-203
CITY-ST-ZIP SCOTTSDALE AZ 85258

TITLE DP ☒ Delete
NAME SUM, MARIANNE
STREET ADDRESS 418 MISSION AVE
CITY-ST-ZIP SAN RAFAEL CA 94901

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
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

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:

Susan M. Douber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)