

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062635

1. Entity Name

SCIENTIFIC TRUTH CORPORATION

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90201 026 ***150.00

Principal Place of Business

1901 N ATLANTIC BLVD. SUITE 2F
FT LAUDERDALE FL 33305

Mailing Address

915 MIDDLE RIVER DR
500
FORT LAUDERDALE FL 33304-3561
US

2. Principal Place of Business

4335 OCEAN DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUD. BY THE SEA, FL

City & State

Zip

33308

Country

BROWARD

Country

4. FEI Number

65-0769270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARRY J. BEHAR, P.A.
888 SE THIRD AVE
SUITE 400
FT LAUDERDALE FL 33316

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 **D**
NAME **GRUBER, MANFRED**
STREET ADDRESS **1901 N ATLANTIC BLVD, SUITE 2F**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Daytime Phone #

CR2E034 (9/99)