


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000084034 1. Entity Name UNIVERSITY SCIENCE CENTER, INC.	
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Principal Place of Business 2200 LUCIEN WAY #333 MAITLAND, FL 32751	Mailing Address 2200 LUCIEN WAY #333 MAITLAND, FL 32751
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07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0881864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FESS, MICHAEL D
2200 LUCIEN WAY #333
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/04
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAFFEE, CABOT L SR. 2200 LUCIEN WAY #333 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALHOUN, MICHAEL D 2200 LUCIEN WAY #333 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FESS, MICHAEL D 2200 LUCIEN WAY #333 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000170687
08/23/04-80006-002 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Michael Fess

8/10/04 4076604949
Date Daytime Phone #