

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90108 009 ***158.75

DOCUMENT #

1. Entity Name

P98000101925

Scientific News International, Inc.

Principal Place of Business

Mailing Address

3838 TAMiami TRAIL NORTH, THIRD FLOOR
NAPLES, FLORIDA 341033838 TAMiami TRAIL NORTH, THIRD FLOOR
NAPLES, FLORIDA 34103

2. Principal Place of Business

3838 TAMiami TRAIL NORTH
Suite, Apt #, etc.
THIRD FLOOR

3. Mailing Address

ANTHONY M. DIBIASE, JR.
3838 TAMiami TRAIL NORTH
Suite, Apt #, etc.
THIRD FLOOR

DO NOT WRITE IN THIS SPACE

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

Zip

34103

Country

Zip

34103

Country

4. FEI Number

650900802

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Jennifer L. Whitelaw
Law Offices of Jennifer L. Whitelaw
3838 Tamiami Trail North, Suite 310
Naples, Florida 34103

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

If you are typing or printing name of registered agent and sole if applicable

(NOTE: Registered Agent's 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY M. DIBIASE, JR.	
STREET ADDRESS	3838 TAMiami TRAIL NORTH, THIRD FLOOR	
CITY-STATE-ZIP	NAPLES, FLORIDA 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONNA DICKINSON	
STREET ADDRESS	8260 COLLEGE PARKWAY, SUITE 103	
CITY-STATE-ZIP	FORT MYERS, FLORIDA 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 350
CITY-STATE-ZIP	FORT MYERS, FLORIDA 33907-5344
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 350
CITY-STATE-ZIP	FORT MYERS, FLORIDA 33907-5344
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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, 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

Date

Phone or Facsimile #

941-437-5556