

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90770 001 ***300.00

DOCUMENT # P99000023548

1. Entity Name
SCIWAVE, INC.

Principal Place of Business
19200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931
US

Mailing Address
19200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0902616

Applied For
☐ **Not Applicable**

Zip **Country**

Zip **Country**

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

KEOHANE, MARIE E
19200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ **Delete**
NAME **KEOHANE, MARK W**
STREET ADDRESS **16650 MCGREGOR BLVD, SUITE 102**
CITY-ST-ZIP **FT MYERS FL 33908-3844**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPDS** ☐ **Delete**
NAME **CORDERO, KARLENE A A**
STREET ADDRESS **10499 CUTLASS DR**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☒ **Change** ☐ **Addition**
NAME **19200 San Carlos Blvd**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD** ☐ **Delete**
NAME **KEOHANE, MARIE E**
STREET ADDRESS **10499 CUTLASS DRIVE**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☐ **Change** ☐ **Addition**
NAME **19200 San Carlos Blvd**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ **Delete**
NAME **KEOHANE, MICHAEL S**
STREET ADDRESS **16650 MCGREGOR BLVD**
CITY-ST-ZIP **FORT MYERS FL 33908-3844**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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: *Marie E KEOHANE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 941-765-8258
Date Daytime Phone #

CR2E034 (9/01)