2000	UNIFORM	BUSINESS	REPORT	(UBR
	41111 411111			, — — — —

DOCUMENT # P99000077693 1. Entity Name THESCIENTIFICWORLD, INC.						Mar 31, 2000 8:00 am Secretary of State 03-31-2000 90039 004 ***150.00							
Principal Place of Business 1901 SOUTH CONGRESS AVE. SUITE 270 BOYNTON BEACH FL 33426			Mailing Address 1901 SOUTH CONGRESS AVE. SUITE 270 :: BOYNTON BEACH FL 33426-6551			:	11	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		r)((44 (() (18 210 3.8 020 (3.8 0	1 100/2 1 11/0 f	U II NA 1 I4 I
Suite, Apt.	#. etc.	H Congaiss AVE.	3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		BEARH, FL	City & State		4	4. FEI I	Number	- da	112	55		oplied For	
3342 3342	, کر			Coun	try					\$8.75 Ad Fee Require	ditional		
	6. Name	and Address of Current R	legistered Agent			7	7. Nam	e and A	ddress of	New Re	gistered A	gent	
HILLIER, JEFFREY 1901 SOUTH CONGRESS AVE. SUITE 270 BOYNTON BEACH FL 33426				191	Royn ton BEACH FL Zip Code 33126							le	
8. The above	named entity	y submits this statement for	the purpose of changing its n	FR	ed office or	registered	agent,	or both,		e of Flor	ida.	$\gamma(\infty)$	
Tax filing r	_	ible to satisfy its Intangible and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	! FEE	IS \$150.0 will be \$5	0 50.00	1	0. Electi	ion Campa Fund Con	-	ancing _		O May Be d to Fees
11.		OFFICERS AND D	DIRECTORS	12.			ADDIT	IONS/CI	HANGES 1	O OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l .	JEFFREY UTH CONGRESS AVE. S N BEACH FL 33426	□ Delete			190 Ba	355	. Co	ngac	55 K	λυ€ . Ε [G Change Suive 334	□ Addition 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINS 1901 SOI	ON, ERIC UTH CONGRESS AVE. S N BEACH FL 33426	Delete				`					Change	Addition Acus
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLI NAM STRE		·				<u> </u>		Change	Addition

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE PROTYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 561-742.0064

Daytime Phone #