

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91836 021 ***158.75

DOCUMENT # *515695*

1. Entity Name

Applied Sensing Products Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1770 Baywood Way

Suite, Apt. #, etc.

3. Mailing Address

PO Box 5235

Suite, Apt. #, etc.

70050880

John Mackay

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0229967

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34277

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Heather Martin

Street Address (P.O. Box Number is Not Acceptable)

580 Cabana Lane Road

City *Venice*

FL

FL

Zip Code

**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 rechartering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

*President
John A. Mackay
1770 Baywood Way
Sarasota, FL 34231*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Vice-President
Paula Mackay
1770 Baywood Way
Sarasota FL 34231*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Mackay

4/24/03

Date

941 923 2892

Daytime Phone #

CR2E034B (12/02)