

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22476

1. Entity Name
APPLIED BIO-SYSTEMS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90028 012 ***150.00

Principal Place of Business

Mailing Address

7060 CHERRY LANE
VERO BEACH FL 32966

7060 CHERRY LANE
VERO BEACH FL 32966-1408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7060 33rd Street

7060 33rd Street

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0330317

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAIR, ROBERT C., JR.
7060 CHERRY LANE
VERO BEACH FL 32966

Name

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

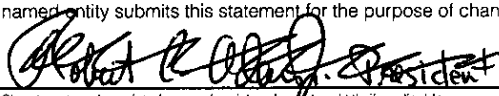
7060 33rd Street

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

4-30-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ADAIR, ROBERT C., JR.**
STREET ADDRESS **7060 CHERRY LANE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7060 33rd Street**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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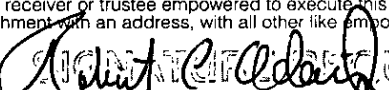
TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

 Robert C. Adair, Jr. 4-30-00 (561) 567-4287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)