

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 043 ***550.00

DOCUMENT # **V69422**
1. Entity Name
SCIENTIFIC SPECIALISTS, INC.

Principal Place of Business	Mailing Address
1445 BOB WHITE TRAIL CHULUOTA FL 32766	1445 BOB WHITE TRAIL CHULUOTA FL 32766

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. # etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number. 59-3153358	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent -

CLAUSEN, CHRISTIAN
1445 BOB WHITE TRAIL
CHULUOTZ FL 32766

	<input type="checkbox"/> Fee Required
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. 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 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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

[illegible][illegible]

CR2E034 (4/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____