

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90253 027 \*\*\*150.00

**DOCUMENT # P31526**

1. Entity Name

**IVONYX, INC.**

Principal Place of Business

Mailing Address

17852 N LAUREL PARK  
 210C  
 LIVONIA MI 48152  
 US

17852 N LAUREL PARK  
 210C  
 LIVONIA MI 48152-3985  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0198373**

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

~~HOWLE, GARY~~  
 1904 N.W. 84TH AVENUE  
 MIAMI FL 33126

Name **PEGGY DAVIS**

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

**1904 N.W. 84TH AVENUE**

City **MIAMI**

**FL**

Zip Code **33126**

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 *Peggy Davis* **PEGGY DAVIS**

*APRIL 25, 2000*

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, 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	PD	<input type="checkbox"/> Delete
NAME	MOLLOY, PETER	
STREET ADDRESS	17852 N LAUREL PARK DR	
CITY-ST-ZIP	LIVONIA MI 48152	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, AL	
STREET ADDRESS	<del>9101 FOWNE CENTER DR</del>	
CITY-ST-ZIP	<del>SAN DIEGO CA</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, SAMUEL	
STREET ADDRESS	2901 OCEAN PARK BLVD	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VICE PRESIDENT/CONTROLLER	<input type="checkbox"/> Delete
NAME	PHILIP J. WARDEN	
STREET ADDRESS	17852 N. LAUREL PARK DR	
CITY-ST-ZIP	LIVONIA MI 48152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8201 PETERS ROAD, #100	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT/CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP J. WARDEN	
STREET ADDRESS	17852 N. LAUREL PARK DR	
CITY-ST-ZIP	LIVONIA, MI 48152	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENE TERRY	
STREET ADDRESS	17759 LAKEESTATES DR.	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY L. WIESE	
STREET ADDRESS	2500 GREENCASTLE COURT	
CITY-ST-ZIP	ORNDARD, CA 93035	

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: *Philip J. Warden*

**PHILIP J. WARDEN, V.P. CONTROLLER 4/25/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)