

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J99665**

1. Entity Name

HUMANALYSIS INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90023 010 ***150.00

Principal Place of Business C/O DOUGLAS B. ELAM 1917 BLOSSOM LANE MAITLAND FL 32751	Mailing Address C/O DOUGLAS B. ELAM 1917 BLOSSOM LANE MAITLAND FL 32751-3538
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2859716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELAM, DOUGLAS B.
1917 BLOSSOM LANE
MAITLAND FL 32751

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	ELAM, DOUGLAS B.	
STREET ADDRESS	1917 BLOSSOM LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SAPORITO, MICHAEL	
STREET ADDRESS	607 MORGAN	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, RAYMOND	
STREET ADDRESS	10550 STRADFORD ROW	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	MCNUTT, ROBERT D	
STREET ADDRESS	12006 RADBOURNE ST	
CITY-ST-ZIP	WINTER GARDENS FL 34787	
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 type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 D. McNutt **ROBERT D. MCNUTT** 31200 407656-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)