

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2000 90024 044 ***150.00

DOCUMENT # 400447

1. Entity Name

MID-FLORIDA BIOLOGICALS, INC.

Principal Place of Business

**331 N. MAITLAND AVE:D-6
 MAITLAND FL 32751**

Mailing Address

**331 N. MAITLAND AVE:D-6
 MAITLAND FL 32751-4755**

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 **59-1415597**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BADGER, CHARLES LEE
~~206 CAMDEN RD~~
 ALTAMONTE SPGS FL 32714**

Name

KAREN CLIFFORD

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

331 N. MAITLAND AVE D-6

City

MAITLAND

FL

Zip Code **32751**

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]

KAREN J CLIFFORD, GEN MGR

4/26/2000

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 Delete
 NAME **PCEO**
 STREET ADDRESS **LANGSTAFF, JOHN**
 CITY-ST-ZIP **104 CHANCELLOR MATHESON RD
 WINNIPEG MB R3T- 5Y3**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GM**
 STREET ADDRESS **MCMILLAN, JOHN**
 CITY-ST-ZIP **26 HENLOW BAY
 WINNIPEG MB R3Y- 1G4**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000

Date

Daytime Phone #

CR2E034 (9/99)