

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90808 010 ***158.75

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DOCUMENT # 405104

1. Entity Name

BIOMAGNETICS INTERNATIONAL, INC.



Principal Place of Business

~~2233~~
2233 PARK AVENUE
SUITE 102 304
ORANGE PARK FL 32073

Mailing Address

~~2233~~ 2233 PARK AVENUE
SUITE 102 304
ORANGE PARK FL 32073

2. Principal Place of Business

2233 Park Ave.
Suite, Apt. #, etc.
304

3. Mailing Address

2233 Park Ave.
Suite, Apt. #, etc.
304

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-1459808

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAWLS, WALTER D., JR.
2233 PARK AVENUE
SUITE 102 304
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
(same) RAWLS, Walter C., Jr.
Street Address (P.O. Box Number is Not Acceptable)
2233 Park Ave, Suite 304
City Orange Park FL Zip Code 32073

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 Walter C. Rawls, Jr.

President

April 30, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SPT	<input type="checkbox"/> Delete
NAME	RAWLS, WALTER C., JR (D)	
STREET ADDRESS	2233 PARK AVENUE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, C.N.	
STREET ADDRESS	2233 PARK AVE.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALING, RONALD	
STREET ADDRESS	2233 PARK AVENUE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAWLS, RICHARD J.	
STREET ADDRESS	2233 PARK AVE.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WINNEY, CHARLES F JR	
STREET ADDRESS	2233 PARK AVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALTON, KEVIN	
STREET ADDRESS	2233 PARK AVENUE	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2233 Park Ave.
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2233 Park Ave.
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	2233 Park Ave.
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2233 Park Ave.
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter C. Rawls, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)