2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# 754240

Entity Name: FLORIDA BRANCH OF THE AMERICAN SOCIETY FOR MICROBIOLOGY, INC.

Current Principal Place of Business:

C/O BILL SAFRANEK
4635 JANET ROAD
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

C/O BILL SAFRANEK
4635 JANET ROAD
COCOA, FL 32926 US

New Mailing Address:

FEI Number: 59-2030300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAFRANEK, BILL
4635 JANET ROAD
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	LUKASIK, GEORGE	
Address:	3330 NW 25TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	PD	( ) Delete
Name:	MCCARTHY, PETER	
Address:	HARBOR BRANCH OCEANOGRAPHIC INSTITUTE	
City-St-Zip:	FT. PIERCE, FL 34946	
Title:	TD	( ) Delete
Name:	SAFRANEK, BILL	
Address:	4635 JANET ROAD	
City-St-Zip:	COCOA, FL	
Title:	PED	( ) Delete
Name:	GRIFFIN, DALE W	
Address:	3931 28TH AVE N	
City-St-Zip:	ST. PERTERSBURG, FL 33713	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. SAFRANEK TD 04/29/2003

Electronic Signature of Signing Officer or Director — Date