

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000001413

FILED  
Apr 19, 2003  
Secretary of State

Entity Name: PATHO-LOGICS INC.

## Current Principal Place of Business:

3500 EL CONQUISTADOR PARKWAY, UNIT #314  
BRADENTON, FL 34210

## New Principal Place of Business:

## Current Mailing Address:

PMB 158  
6094 14TH STREET WEST  
BRADENTON, FL 34207

## New Mailing Address:

FEI Number: 22-3665644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FABRY, ANDRAS  
3500 EL CONQUISTADOR PARKWAY, UNIT #314  
BRADENTON, FL 34210 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FABRY, ANDRAS  
Address: PMB 158, 6094 14TH STREET WEST  
City-St-Zip: BRADENTON, FL 34207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRAS FABRY

P

04/19/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date