

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90064 012 ***558.75

DOCUMENT # F01000002741

1. Entity Name
BIO.LIFE INTERNATIONAL, INC.

Principal Place of Business
3423 PIEDMONT RD. STE 315
ATTN: JOHN D HEIKENFELD
ATLANTA GA 30305

Mailing Address
3423 PIEDMONT RD. STE 315
ATTN: JOHN D HEIKENFELD
ATLANTA GA 30305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3423 Piedmont Rd.
 Suite, Apt. #, etc.
Suite 115

3. Mailing Address
3423 Piedmont Rd.
 Suite, Apt. #, etc.
Suite 115

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number **76-0234743**

Applied For
 Not Applicable

Zip **30305** Country **USA**

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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
 NAME **SIPPEL, KLAUS-D**
 STREET ADDRESS **3423 PIEDMONT RD, STE 315**
 CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3423 Piedmont Rd., Suite 115**
 CITY-ST-ZIP **Atlanta, GA 30305**

TITLE **VST** ☐ Delete
 NAME **HEIKENFELD, JOHN D**
 STREET ADDRESS **3423 PIEDMONT RD, STE 315**
 CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3423 Piedmont Rd., Suite 115**
 CITY-ST-ZIP **Atlanta, GA 30305**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE: **John D. Heikenfeld 09/03/02 (404) 814-9515**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)