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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F02000002490 DOCUMENT

1. Entity Name ENTOMOS, INC.



Principal Place of Business Mailing Address 4445 S.W. 35TH TERRACE, SUTIE 310 4445 S.W. 35TH TERRACE, SUTIE 310 GAINESVILLE FL 32608 GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 27-0010692 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KERN, ALBERT D Street Address (P.O. Box Number is Not Acceptable) 4445 S.W. 35TH TERRACE, SUTIE 310 GAINESVILLE FL 32608 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE ☐ Change ☐ Addition KERN, ALBERT D NAME NAME 4445 S.W. 35TH TERRACE, SUTIE 310 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WHITE, JAMES H NAME NAME 4445 S.W. 35TH TERRACE, SUTIE 310 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME COCKSHUTT, TIMOTHY G NAME STREET ADDRESS 100 SNORTH TAMPA STREET, SUITE 2410 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CAULDER, JERRY D NAME STREET ADDRESS 16852 CIRCA DEL NORTE STREET ADDRESS CITY-ST-ZIP RANCHO SANTA FE CA 92067 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME BENBROOK, CHARLES NAME 5085 UPPER PACK RIVER ROAD STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP SANDPOINT ID 83864 CITY-ST-ZIP Delete ☐ Change TITLE TITLE Brumfield, Ir., Bruce J. Highway 49 East X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP azoo City, MS

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

SIGNATURE: