

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91775 041 ***150.00

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1. Entity Name
IMMUNO-GENIC CORPORATION



Principal Place of Business
**101 NORTH WOODLAND BLVD., BOX 1
DELAND FL 32720**

Mailing Address
**101 NORTH WOODLAND BLVD., BOX 1
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0627980**

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

7. Name and Address of New Registered Agent

**CARELLO, JOSEPH
101 NORTH WOODLAND BLVD., BOX 1
DELAND FL 32720**

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 _____
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 **PSCD** ☐ Delete
NAME **BROWN, MARY**
STREET ADDRESS **101 NORTH WOODLAND BLVD., BOX 1**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **PTCD** ☒ Change ☐ Addition
NAME **BROWN, Mary**
STREET ADDRESS **101B N. Woodland Blvd., DeLand, FL**
CITY-ST-ZIP **32720**

TITLE **TD** ☐ Delete
NAME **CARELLO, JOSEPH**
STREET ADDRESS **101 NORTH WOODLAND BLVD., BOX 1**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **SD** ☒ Change ☐ Addition
NAME **Carello, Joseph**
STREET ADDRESS **101B N. Woodland Blvd.**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE **D** ☐ Delete
NAME **BRADFORD, WILLIAM K D.V.M.**
STREET ADDRESS **18414 WEBSTER HILL ROAD**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCCANN, LOUIS S JR, MD**
STREET ADDRESS **1468 NORTH MAIN STREET**
CITY-ST-ZIP **MT. PLEASANT TN 38474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Storti, Susan Ann, PhD, RN**
STREET ADDRESS **87 Tweed St.**
CITY-ST-ZIP **Cranston, RI 02920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Mary Brown* **Mary Brown, President 4-30-03 386-822-4266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)