

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001691

1. Entity Name

IXION BIOTECHNOLOGY, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90139 005 \*\*\*150.00

Principal Place of Business

Mailing Address

13709 PROGRESS BLVD.  
BOX 13  
ALACHUA FL 32615  
US

12085 RESEARCH DR  
ALACHUA FL 32615-6832  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3174033

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CSC THE UNITED STATES CORP CO.  
SUITE 105  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 CD ☐ Delete  
NAME GAINES, WEAVER H  
STREET ADDRESS 9922 SW 41ST ROAD  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Change ☒ Addition  
NAME Thomas P. Stagnaro  
STREET ADDRESS 2807 Whitehouse Road  
CITY-ST-ZIP Riva, MD. 21140

TITLE V ☐ Delete  
NAME PECK, AMMON B DR  
STREET ADDRESS 9311 SW 43RD LANE  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Change ☒ Addition  
NAME ~~Karl-E. Arfors~~ Bengt  
STREET ADDRESS Seminariegatan 21  
CITY-ST-ZIP SE-752 28  
Uppsala, Sweden

TITLE ST ☐ Delete  
NAME TREW, MARY  
STREET ADDRESS 9922 SW 41ST ROAD  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Change ☒ Addition  
NAME ~~Bengt Arfors~~ Karl-E. Arfors  
STREET ADDRESS 7329 Eads Avenue  
CITY-ST-ZIP La Jolla, CA 92037

TITLE PD ☐ Delete  
NAME PECK, DAVID C  
STREET ADDRESS 115 GOLFVIEW  
CITY-ST-ZIP HOMASASSA FL

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

TITLE D ☐ Delete  
NAME MARGULIES, DAVID M.  
STREET ADDRESS 59 PINE RIDGE ROAD  
CITY-ST-ZIP NEWTON MA

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

TITLE D ☐ Delete  
NAME VINCENT P MIHALIK  
STREET ADDRESS 6431 BERGERSON WAY  
CITY-ST-ZIP INDIANAPOLIS IN 46278

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 all other like empowered.

SIGNATURE:

*Signature of David Margulies*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00  
Date

904-462-3961  
Daytime Phone #

CR2E034 (9/99)