

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**  
 02-16-2000 90002 028 \*\*\*150.00

**DOCUMENT # F94000006222**

1. Entity Name

~~AN-GON GENETICS, INC.~~ **Bowie Medical Corporation**

Principal Place of Business

Mailing Address

7100 30TH AVENUE NORTH  
 ST. PETERSBURG FL 33710-2902

7100 30TH AVENUE NORTH  
 ST. PETERSBURG FL 33710-2902

00014973

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**11-2644611**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CUNNINGHAM, DELTON N**  
**7100 30TH AVENUE NORTH**  
**ST. PETERSBURG FL 33710-2902**

7. Name and Address of New Registered Agent

Name **Maclaren, Steve**

Street Address (P.O. Box Number is Not Acceptable)

**7100 30th Avenue N.**

City **St. Petersburg**

**FL**

Zip Code **33710**

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

**1/18/00**

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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MAKRIDES, ANDREW</b>	
STREET ADDRESS	<b>7100 30TH AVENUE N</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710-2902</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SARON, J. ROBERT</b>	
STREET ADDRESS	<b>9807 ASHLEY DRIVE</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, DELTON N</b>	
STREET ADDRESS	<b>7500 NORMANDY CT</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLAKELY, KEITH A</b>	
STREET ADDRESS	<b>699 HERTEL AVENUE</b>	
CITY-ST-ZIP	<b>BUFFALO NY 14207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KROMER, GEORGE</b>	
STREET ADDRESS	<b>7100 30TH AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Davidson, KEN</b>	
STREET ADDRESS	<b>4750 118th Avenue N.</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33762-4451</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Greco, Alfred V.</b>	
STREET ADDRESS	<b>162 MT. TOM RD.</b>	
CITY-ST-ZIP	<b>Pelham, NY 10803</b>	
TITLE	<b>CFO BT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Keller, Nancy</b>	
STREET ADDRESS	<b>1340 22nd Avenue N.</b>	
CITY-ST-ZIP	<b>St Petersburg, FL 33704</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/18/00 (800) 537-2790**