

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90145 038 ***150.00

DOCUMENT # F96000003709

1. Entity Name

U.S. BIOMATERIALS CORPORATION

Principal Place of Business

**13709 PROGRESS BLVD
 STE 23
 ALACHUA MD 32615
 US**

Mailing Address

**13709 PROGRESS BLVD
 STE 23
 ALACHUA MD 32615
 US**

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

04-3128527

Applied For

Not Applicable

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

**SCOTT, RANDOLPH L
 13709 PROGRESS BLVD
 STE 23
 ALACHUA FL 32615**

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, 2002 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 **P** ☐ Delete
 NAME **SCOTT, RANDOLPH L**
 STREET ADDRESS **7821 NW 51ST DRIVE**
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JACK C DEMETREE JR**
 STREET ADDRESS **6671 LEPANY FOREST WAY, N**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **V** ☐ Delete
 NAME **GREENSPAN, DAVID C**
 STREET ADDRESS **3116 NW 62ND TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE **CD** ☐ Delete
 NAME **WOTIZ, ARTHUR**
 STREET ADDRESS **2415 COSTA VEROE BLVD**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE **D** ☐ Delete
 NAME **HUDSON, BANNUS B**
 STREET ADDRESS **10 ARDEN RD**
 CITY-ST-ZIP **BERKELEY CA 94704**

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

TITLE **D** ☐ Delete
 NAME **SMITH, W K**
 STREET ADDRESS **2405 CLARET DRIVE**
 CITY-ST-ZIP **FALLSTOWN MD**

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

TITLE **D** ☐ Delete
 NAME **SHUSTER, LEWIS J**
 STREET ADDRESS **18 EAST KINCAID**
 CITY-ST-ZIP **CRANBURY NJ**

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

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 Randolph L. Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

386-418-1551

Daytime Phone #

CR2E034 (9/01)