

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004520

1. Entity Name

AQUAGENE, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90027 048 \*\*\*150.00

Principal Place of Business

12085 RESEARCH DR.  
ALACHUA FL 32615

Mailing Address

12085 RESEARCH DR.  
ALACHUA FL 32615-6832

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

59-3437113

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

GALUPEAU, LANI  
12085 RESEARCH DRIVE  
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, 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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **ROGERS, JOHN B**  
CITY-ST-ZIP **9401 FRANKLIN AVE. WEST  
MINNEAPOLIS MN 55426**

TITLE ☒ Change ☐ Addition  
NAME **John B. Rogers**  
STREET ADDRESS **12085 Research Drive**  
CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GAINES, WEAVER**  
CITY-ST-ZIP **12085 RESEARCH DR.  
ALACHUA FL 32615**

TITLE ☒ Change ☐ Addition  
NAME **Weaver Gaines**  
STREET ADDRESS **13709 Progress Blvd. Box 13 Suite N-111**  
CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TANNER, JAY M**  
CITY-ST-ZIP **6611 HAYTER DR.  
LAKELAND FL 33813**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SEN, ARUP**  
CITY-ST-ZIP **6621 NW 41 ST.  
CORAL SPRINGS FL 33067**

TITLE ☒ Change ☐ Addition  
NAME **Arup Sen**  
STREET ADDRESS **12085 Research Drive**  
CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **OGDEN, SHARON**  
CITY-ST-ZIP **12085 RESEARCH DR.  
ALACHUA FL 32615**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ABELES, JOHN M.D.**  
CITY-ST-ZIP **2365 NW 41 ST  
BOCA RATON FL 33431**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00  
Date

(904)418-1400  
Daytime Phone #