

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90003 034 ****50.00

DOCUMENT # M97000000206

1. Entity Name
GENOMIC ACTIVES RESEARCH & DEVELOPMENT, LIMITED
LIABILTY COMPANY

Principal Place of Business
205 N. ORANGE AVENUE, SUITE 2N
SARASOTA FL 34236

Mailing Address
205 N. ORANGE AVENUE, SUITE 2N
SARASOTA FL 34236

2. Principal Place of Business
1920 Northgate Blvd.
 Suite, Apt. #, etc.
Suite A-5

3. Mailing Address
1920 Northgate Blvd.
 Suite, Apt. #, etc.
Suite A-5

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34234 Country
Sarasota

Zip
34234 Country
Sarasota

4. FEI Number **65-0718860**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

KRUGER, FLOYD H
205 N. ORANGE AVENUE, SUITE 2N
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

1920 Northgate Blvd., Suite A-5

City

Sarasota

FL

Zip Code
34234

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **LEBERMAN, RICHARD**
 STREET ADDRESS **205 N. ORANGE AVENUE, SUITE 2N**
 CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard Leberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/29/02

Date

Daytime Phone #

CR2E083 (4/02)