

FILED
Jun 06, 2003 8:00 am
Secretary of State

04-24-2003 90227 039 *****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # N02000001698

1. Entity Name
ALGENEX INC.



Principal Place of Business
1909 DEVRA DRIVE
TALLAHASSEE FL 32303

Mailing Address
1909 DEVRA DRIVE
TALLAHASSEE FL 32303

55046780



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3611506

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

LYNN, APRYL C
1909 DEVRA DRIVE
TALLAHASSEE FL 32303

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. 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 releasing)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME GRANGER, EUGENE SR.
STREET ADDRESS 2001 WILDRIDGE DRIVE
CITY- ST- ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE V
NAME LYNN, APRYL C
STREET ADDRESS 1909 DEVRA DRIVE
CITY- ST- ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE Treasurer
NAME Granger, Eugene Jr.
STREET ADDRESS 2001 Wilbridge Dr.
CITY- ST- ZIP Tallahassee, FL 32303 ☐ Delete

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

TITLE Secretary
NAME Lynn, Arthur L.
STREET ADDRESS 1909 Devra Dr.
CITY- ST- ZIP Tallahassee, FL 32303 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL LYNN
Typed or printed name of signing officer or director

4/22/2003 (850) 553-3335
Date Daytime Phone

CP2E037 (10/02)