

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005178

1. Entity Name

BIOSECURE, INC.

Principal Place of Business

425 N.W. 91ST ST.
GAINESVILLE FL 32607

Mailing Address

425 N.W. 91ST ST.
GAINESVILLE FL 32607-1325

2. Principal Place of Business

4641 NW 6th St

3. Mailing Address

4641 NW 6th St

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32609

Country

USA

Zip

32609

Country

USA

6. Name and Address of Current Registered Agent

TAMPLIN, MARK L

425 N.W. 91ST ST.

GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name Jerzy Lukasik

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

4641 NW 6th St

Suite A

City Gainesville FL

FL Zip Code 32609

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 Jerzy Lukasik Vice President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME TAMPLIN, MARK L
STREET ADDRESS 425 N.W. 91ST ST.
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Delete

NAME DST
STREET ADDRESS TAMPLIN, DEBBIE M
CITY-ST-ZIP 425 N.W. 91ST ST.
GAINESVILLE FL 32607

TITLE ☐ Delete

NAME DV
STREET ADDRESS LUKASIK, JERZY
CITY-ST-ZIP 3330 N.W. 25TH AVE.
GAINESVILLE FL 32506

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MARK L TAMPLIN President

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)