

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-12-2002 90565 030 ***150.00

DOCUMENT # P00000047905

1. Entity Name

DNAPRINT GENOMICS, INC.

Principal Place of Business

Mailing Address

**900 COCOANUT AVE
 SARASOTA FL 34236**

**900 COCOANUT AVE
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

900 COCOANUT AVE 900 COCOANUT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

SARASOTA, FL

34236

USA

34236

USA

4. FEI Number **65-1013161**

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

**SMITH, CARL III
 355 INTERSTATE BLVD
 SARASOTA FL 34240**

Name **Tony Frudakis**
 Street Address (P.O. Box Number is Not Acceptable)
900 Cocconut Ave

City **Sarasota** FL Zip Code **34236**

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 **X [Signature]**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/24/02**

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 **CEO** ☒ Delete
 NAME **FRANKLIN, TONY**
 STREET ADDRESS **900 COCOANUT AVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **CEO/CSO** ☒ Change ☐ Addition
 NAME **FRUDAKIS, TONY**
 STREET ADDRESS **900 COCOANUT AVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **CFO** ☒ Delete
 NAME **VEAL, MATHEW**
 STREET ADDRESS **388 TIMBERLAKE BLVD**
 CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE **VPD** ☒ Delete
 NAME **FRANKLIN, GEORGE**
 STREET ADDRESS **900 COCOANUT AVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **Director** ☐ Change ☒ Addition
 NAME **Jack Luchese**
 STREET ADDRESS **900 Cocconut Ave**
 CITY-ST-ZIP **Sarasota FL 34236**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **Director** ☐ Change ☒ Addition
 NAME **Hector Gomez**
 STREET ADDRESS **900 Cocconut Ave**
 CITY-ST-ZIP **Sarasota FL 34236**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
 Date Daytime Phone #

CR2E034 (9/01)