

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90223 001 ***150.00

DOCUMENT # P01000044867

1. Entity Name
BIOCIRCA CORPORATION



Principal Place of Business
**12411 TELECOM DRIVE
TAMPA FL 33637**

Mailing Address
**12411 TELECOM DRIVE
TAMPA FL 33637**

00000000



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**18105 TURTLE
BEACH WAY
TAMPA, FLORIDA**

3. Mailing Address

**18105 TURTLE BEACH
WAY
TAMPA, FLORIDA**

4. FEI Number **59-3714751**

Applied For
Not Applicable

Zip **33647-3305** Country **USA**

Zip **33647-3305** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **CYNTHIA J. SIMONSON**

Street Address (P.O. Box Number is Not Acceptable)
18105 TURTLE BEACH WAY

City **TAMPA** FL Zip Code **33647**

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 Cynthia J. Simonson **CYNTHIA J. SIMONSON** **2/11/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SIMONSON, RUSH E	
STREET ADDRESS	12411 TELECOM DRIVE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SIMONSON, CYNTHIA J	
STREET ADDRESS	12411 TELECOM DRIVE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONSON, RUSH E	
STREET ADDRESS	18105 TURTLE BEACH WAY	
CITY-ST-ZIP	TAMPA, FLORIDA 33647-3305	
TITLE	SECRETARY, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONSON, CYNTHIA J.	
STREET ADDRESS	18105 TURTLE BEACH WAY	
CITY-ST-ZIP	TAMPA, FLORIDA 33647-3305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: SIMONSON RUSH E **PRESIDENT** **2/11/03** **(813) 922-8253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/02)