

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90381 002 ***150.00

0667908 AB

DOCUMENT # P02000021734

1. Entity Name
ALLOMEDICA CORPORATION



Principal Place of Business
**5401 SPRING ST.
RACINE WI 53406**

Mailing Address
**5401 SPRING ST.
RACINE WI 53406**

2. Principal Place of Business

3. Mailing Address

5401 Spring Street
Suite, Apt. #, etc.

943 West Charming Cross Circle
Suite, Apt. #, etc.

City & State

Racine WI

City & State

Lake Mary FL

Zip

53406

Country

USA

Zip

32746

Country

USA

4. FFI Number

01-0620167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HILLMAN, RANDY
203 E. HILLCREST ST.
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **REMUS, DAVID**
STREET ADDRESS **5401 SPRING ST.**
CITY-ST-ZIP **RACINE WI 53406**

TITLE **President** ☒ Change ☐ Addition
NAME **David Remus**
STREET ADDRESS **5401 Spring Street**
CITY-ST-ZIP **Racine, WI 53406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Jan McBlomphy**
STREET ADDRESS **1107 Harlow Way**
CITY-ST-ZIP **Bel Air, MD 21014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

262-960-0405

Daytime Phone #

CR2E034 (10/02)