

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90243 034 ***550.00

DOCUMENT # P05467

1. Entity Name
SEROLOGICALS, INC.

Principal Place of Business

~~780 PARK N BLVD.~~
SUITE 110
CLARKSTON GA 30021
US

Mailing Address

~~780 PARK N BLVD.~~
SUITE 110
CLARKSTON GA 30021
US

2. Principal Place of Business

5655 SPALDING DR
 Suite, Apt. #, etc.

3. Mailing Address

5655 SPALDING DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORCROSS GA

City & State

NORCROSS GA

4. FEI Number

59-2502915

Applied For

☐ Not Applicable

Zip
30092

Country
USA

Zip
30092

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AS
RAY, DONNA L
780 PARK N BLVD
CLARKSTON GA 33021 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VTCS
PIZZO, PETER J III
780 PARK N BLVD
CLARKSTON GA 30021 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PCEO
O'CONNELL, DESMOND H JR
780 PARK N BLVD
CLARKSTON GA 30021 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AS
DONNA L. Ray
5655 SPALDING DR
NORCROSS GA 30092 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VTCS - Director
Peter J Pizzo III
5655 SPALDING DR
NORCROSS GA 30092 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Cor Board, President
DAVID A. Dodd
5655 SPALDING DR
NORCROSS GA 30092 ☐ Change ☒ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/01

(678) 728-2000

CR2E034 (5/01)