2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT # P94000087785



FILED Mar 13, 2003 8:00 am § Secretary of State

1. Entity Name XENOTRONIX OF FLORIDA, INC.								03-13-200	3 90080 02			
Principal Place of Business 1031 MILLER DR. ALTAMONTE SPRINGS FL 32750			Mailing Address P.O. BOX 520868 LONGWOOD FL 32752				I IBRII	BBI EEB IDIELDIREI OFFI	ı 80ili Baili Obioli	NIM IARII MANI	10001 0116 1061	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HE	RE IF MAKING	CHANGES		
City & State			City & State				4. FEI Number 59-3275297 Applied For Not Applicable					
Zip	Zip Country		Zip	p Country			5. Certificate	e of Status Desired		\$8.75 Add	ditional	
	6. Name	and Address of Current	Registered Agent		1		7 Name and	1 Address of Nev	v Bagistarad	\.		
					7. Name and Address of New Registered Agent Name							
GEERY, MICHAEL J 1031 MILLER DRIVE					Street Address (P.O. Box Number is Not Acceptable)							
ALTAMONTE SPRINGS FL 32701					City					1 3:- 0		
The above named entity submits this statement for the purpose of changing its required.					City	ragistara	FL Zip Code					
the obligat	tions of regist	ered agent.	The purpose of changing	i its register	ed office of 1	egisteret	agent, or bu	in, in the State of	FIORIOG. 1 dill i	armar willi,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (i	NOTE: Registere	ed Agent signature	e required w	nen 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							}	ection Campaign	~ ~		0 May Be	
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10.	K r ayable to	· •		1 11.						7,000		
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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 attachm

SIGNATURE:

Daytime Phone #