2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am P98000068613 Secretary of State **DOCUMENT #** 1. Entity Name 02-07-2002 90159 021 ***150.00 BOARDWALK THERAPEUTICS, INC. Mailing Address Principal Place of Business 2130 S. UNIVERSITY DR. 9600 W. SAMPLE ROAD #304 DAVIE FL 33324 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0857351 Not Applicable Country \$8.75 Additional , Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAYER, CRAIG Street Address (P.O. Box Number is Not Acceptable) 2130 S. UNIVERSITY DR. **DAVIE FL 33324** Zip Code aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE MAYER, CRAIG A NAME NAME 561 NW 110TH AVE STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete farty Scott m 280 S, Lake Vista Cir TITLE SPEARTY, SCOTT M NAME NAME 9750 SW 23RD PL STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33324 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ___ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

FILED