

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90010 025 \*\*\*550.00

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**DOCUMENT # P99000002470**

1. Entity Name  
**MOLECULAR SEPARATIONS, INC.**

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Principal Place of Business      Mailing Address  
**2033 WOOD STREET #120**      **2033 WOOD STREET #120**  
**SARASOTA FL 34237**      **SARASOTA FL 34237**

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

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City & State      City & State

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Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0874943**      Applied For  Not Applicable

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

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6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

~~BUSTARD, R. DAVID~~  
~~200 SOUTH ORANGE AVENUE~~  
~~SARASOTA FL 34236~~

Name **THOMAS LUZIER**  
 Street Address (P.O. Box Number is Not Acceptable) **3400 S. TAMiami TR.**  
**SUITE 202**  
 City **SARASOTA** FL Zip **34239**

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      DATE **7/11/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST ST. GENIS, JOHN S</b> <b>2033 WOOD STREET</b> <b>SARASOTA FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLYNN, WILLIAM K</b> <b>320 PARK AVENUE 23RD FL</b> <b>NEW YORK NY 10022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE:      DATE **07/11/01**      Daytime Phone # **941 951 6771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)