

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90087 012 ***150.00

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AV

DOCUMENT # P99000005090

1. Entity Name
APPLIED GENETIC TECHNOLOGIES CORPORATION



Principal Place of Business
**12085 RESEARCH DRIVE
110
ALACHUA FL 32615**

Mailing Address
**12085 RESEARCH DRIVE
110
ALACHUA FL 32615**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3553710**

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

7. Name and Address of New Registered Agent

**MUZYCZKA, NICHOLAS
9837 SW 67TH DRIVE
GAINESVILLE FL 32608**

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 **MUZYCZKA, NICHOLAS**
STREET ADDRESS **9837 SW 67TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **C/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SUSAN, WASHER**
STREET ADDRESS **12085 RESEARCH DRIVE STE 110**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BYRNE, BARRY**
STREET ADDRESS **7902 SW 45TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HAUSWIRTH, WILLIAM W**
STREET ADDRESS **12001 SW 89TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRENT, BERTHY**
STREET ADDRESS **12085 RESERACH DRIVE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **CFO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHMELCK, PAUL**
STREET ADDRESS **36 AVE HOCH**
CITY-ST-ZIP **PARIS FRANCE FR 75008**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

386-462-2204

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 90086789
#P99000005090

11. ADDITIONS TO OFFICERS AND DIRECTORS

D
Philippe Geynet
36 Ave Hoche
Paris France FR 75008

D
Scott Koenig
1500 E. Gude Drive
Rockville, MD 20850

D
~~Stephen Kingsmore~~
690 Podunk Road
Guilford, CT 06437