FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90139 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015672

1. Entity Name

North Florida Research Institute, Inc.

DO NOT WRITE IN THIS SPACE

90134509

2. Principal Place of Business	3. Mailing Address
3426 NW 43 St.	2531 NW 41 St.
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State Gainesville, FL	City & State Gainesville, FL
Zip 32606 Country	Zip 32606 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3561416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Dr. Narayan, Perinchery
Street Address (P.O. Box Number is Not Acceptable) 3426 - NW 43 St.
Suite B
City Gainesville FL 32606

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] 4/30/03 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See instructions on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Dr. Narayan, Perinchery 3426-B NW 43 Street. Gainesville, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #