2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000035069 1. Entity Name DCI BIOLOGICALS ORLANDO, INC.								FILED Apr 16, 2001 8:00 am Secretary of State					
Principal Place of Business				Mailing Address									
1-20			2051 RANGE RD CLEARWATER FL 33765					J V.	ยยบะ	die T			
	•	_	•						Pin 18 00 loon				;
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State			4.	FEI Number 13-40	55699 ———		No	plied For Applicable	
Zip		Country		Zip ·	Count	try	1	Certificate of Status De		Fee R	5 Addl equired		
	6. Name	and Addres	ss of Current Re	gistered Agent		Name :		Name and Address of	New Regis	tered Agent			1
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				. 		Street Ad	dress (P.O.	Box Number is Not Acc GE ROAD	eptable)	_ ~ <u>~</u>			1
						2031		OL KUNU					1
						City C1	EARWAT	ER	FL Zip Code]	
8. The above	named entit	y submits thi	s statement for th	e purpose of changing its	registere	ed office or p	egistered a	gent, or both, in the Sta	te of Florida		<i>ያን</i> ሪ	241	
SIGNATURE	Signature, typed	or printed name	d registered agent and	Mich Mich Mich (NOT	(QQ) E: Registered	Agent signatur	12/1-0/	(einstating)		DATE DATE)
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	10. Election Campa Trust Fund Cor) May Be to Fees	
11.		OF	FICERS AND DIF		12.	·····	A	DOITIONS/CHANGES	O OFFICE			IN 11	a
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- CITY-ST-ZIP				□ Delete	- CTTY-	ST-ZIP			,		hande	☐ Addition	·
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NAME STREET ADORESS CITY-ST-ZIP					NAME STREE CITY-	ET ADDRESS ST-ZIP					•		
13. I hereby of indicated of the corchanged.	pertify that the on this repor- poration or the or on an atte	e information it or supplem ne receiver o achment with	supplied with thi ental report is the truster empower an andress, with	s filing does not qualify to be and accurate and that re- ared to execute this report (all other like empoyered	the exem my signati as requir	ed by Chap	ve une same iter 607, Fļoi	legal effect as if made ida Statutes; and that if	atutes. I furt under oath; ny name ap	her certify tha that I am an o pears in Block	t the inf officer o	ormation or director Block 12 if	
SIGNAT	URE: _	SIGNATURE	AND TYPED OR PRIN	TED HAME OF SIGNING OFFICER	OF DIRECTO		CIARL	ETTA 6/3	1/41	Daytime Pl	none #		ļ