2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000075224

1. Entity Name

ALLERGENICA, INC.



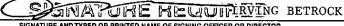
FILED Mar 17, 2003 8:00 am \$ Secretary of State

03-17-2003 90473 021 ***150.00

Principal Place of Business 7770 DAVIE RD EXTENSION HOLLYWOOD FL 33024				Mailing Address 7770 DAVIE RD EXTENSION HOLLYWOOD FL 33024							
2. Principal Place of Business				3. Mailing Address				1 1884 1884 110 1844 1844 8844 88411 8841 88		1 (18) 155 186	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				65-0960653		Applied For Not Applicable	
Zip	Country			Zip Country			5.	. Certificate of Status Desired	\$8.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent							7.	. Name and Address of New Registere	d Agent		
HENDEROOM OF EARL O						Name					
HENDERSON, GLENN C				Street Addr			dress (P.O.	ss (P.O. Box Number is Not Acceptable)			
4431 SW 64TH AVE SUITE 119								· · · · · · · · · · · · · · · · · · ·			
DAVIE FL 33314											
								F	Zip Co	de	
	named entity tions of regist		r the purp	ose of changing its	registere	ed office or r	egistered a	agent, or both, in the State of Florida. I a	m familiar with	ı, and accept	
. SIGNATURE											
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.	\$5.0 Adde	00 May Be ed to Fees	
10.		OFFICERS AND	<u> </u>	RS	11.		Δ		ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS		ID RD. 64TH		☐ Delete		E ET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE	D	OD FL 33024		☐ Delete	TITLE	-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		MAL Lamingo RD. Ste#30 Iderdale Fl 33330	9			E ET ADDRESS -ST-ZIP					
TITLE NAME STRÉET ADDRESS				Delete		E ET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP					CITY	-ST-ZiP					
NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		¥ -	`	☐ Delete	TITLE NAMI STRE				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREE			P *** *** **** **** **** **** **** ***	☐ Change	☐ Addition	

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:



02/12/03

954-981-2821 Daytime Phone #