2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
02-05-2000 90013 038 ***150.00

DOCUMENT # S20562

1. Entity Name

AUTHORGENICS, INC.

Principal Place of Business
15280 NW 79TH CT. (#109)
~~8100 GOVERNORS SQUARE BLVD~~
~~SUITE 200~~
MIAMI LAKES FL 33016
US

Mailing Address
15280 NW 79TH CT. (#109
~~8100 GOVERNORS SQUARE BLVD~~
~~SUITE 200~~
MIAMI LAKES FL 33016-5852
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0242585 | Applied For | Not Applied

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be $550.00
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	DT ☐ Delete	TITLE	VP ☐ Change ☒ Additio
NAME	STACK, BRIAN	NAME	JOHN OFENLOCH
STREET ADDRESS	15280 NW 79TH CT. ~~8100 GOVERNOR'S SQUARE BLVD~~	STREET ADDRESS	1528 NW 79TH CT. (#109)
CITY-ST-ZIP	MIAMI LAKES FL 33016	CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D ☐ Delete	TITLE	VP ☐ Change ☒ Additio
NAME	DAVIDSON, JAMES	NAME	SCOTT BANNANO
STREET ADDRESS	~~8100 GOVERORS SQ BLVD~~ 15280 NW 79TH CT.	STREET ADDRESS	15280 NW 79TH CT. (#109)
CITY-ST-ZIP	MIAMI LAKES FL	CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	DPS ☐ Delete	TITLE	VP ☐ Change ☒ Additio
NAME	COLLINS, RON	NAME	DAVID HELSPER
STREET ADDRESS	~~8100 GOVERNORS SQ BLVD~~ 15280 NW 79TH CT.	STREET ADDRESS	1517 JOHNSON FERRY RD. (#275)
CITY-ST-ZIP	MIAMI LAKES FL	CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	D ☐ Delete	TITLE	VP ☐ Change ☒ Additio
NAME	SAWYER, KENNETH	NAME	PRESTON BERNHARDT
STREET ADDRESS	ONE RAM RIDGE ROAD	STREET ADDRESS	1517 JOHNSON FERRY RD. (#275)
CITY-ST-ZIP	SPRING VALLEY NY 10977	CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Additio
NAME	~~JOHNSON, CHARLES A.~~	NAME	
STREET ADDRESS	~~9 NO. PKWY SQ., 4200 NORTHSIDE PKWY NW~~	STREET ADDRESS	
CITY-ST-ZIP	~~ATLANTA GA 30327~~	CITY-ST-ZIP	
TITLE	D ✓ BOD ☐ Delete	TITLE	☐ Change ☐ Additio
NAME	ROBERT TATUM	NAME	
STREET ADDRESS	2665 S. BAYSHORE DR. (#501)	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	

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 empowered.

SIGNATURE: [signature] 1/24/00 305-231-5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIRECTOR & PRESIDENT