

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP -6 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200004575552--5

-09/07/01--01078--015

*****550.00 *****550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 520562				1. Entity Name	
AUTHORGENICS, INC.					
Principal Place of Business			Mailing Address		
1517 JOHNSON FERRY ROAD SUITE 275 MARIETTA, GA 30062					
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 650242585	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301-2525			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 _____ (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, 2001 Fee will be \$550.00 Make Check Payable to Department of State		
			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D/T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Stack		NAME	Brian Stack	
STREET ADDRESS	15280 NW 79th Ct		STREET ADDRESS	8548 Glencairn Lane	
CITY-ST-ZIP	Miami Lakes, FL 33016		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Davidson		NAME	Lewis Solomon	
STREET ADDRESS	15280 NW 79th Ct		STREET ADDRESS	144 Nassau Blvd.	
CITY-ST-ZIP	Miami Lakes, FL 33016		CITY-ST-ZIP	West Hempstead, NY 11552	
TITLE	D/P/S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Collins		NAME	Bert Sager	
STREET ADDRESS	15280 NW 79th Ct		STREET ADDRESS	6129 SW 70th St	
CITY-ST-ZIP	Miami Lakes, FL 33016		CITY-ST-ZIP	Miami FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Tatum		NAME	Preston A. Bernhardt	
STREET ADDRESS	2665 Bayshore Drive, #501		STREET ADDRESS	1517 Johnson Ferry Road	
CITY-ST-ZIP	Miami, FL 33133		CITY-ST-ZIP	Marietta, GA 30062	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth I. Sawyer		NAME	Kenneth I. Sawyer	
STREET ADDRESS	One Ram Ridge Road		STREET ADDRESS	One Ram Ridge Road	
CITY-ST-ZIP	Spring Valley, NY 10977		CITY-ST-ZIP	Spring Valley, NY 10977	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Marilyn Hannon	
STREET ADDRESS			STREET ADDRESS	One Ram Ridge Road	
CITY-ST-ZIP			CITY-ST-ZIP	Spring Valley, NY 10977	
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: <u>Kenneth I. Sawyer</u> Date: <u>9-27-01</u> 845-573-0390 Daytime Phone #					

CRZE034 (11/00)