

P03000121931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 21 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2012

GREG LONGO
PHARMA RESOURCES, INC.
501 NORTH ORLANDO AVE, STE 313-259
WINTER PARK, FL 32789

SUBJECT: PHARMA RESOURCES, INC.
Ref. Number: P03000121931

We have received your document for PHARMA RESOURCES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 412A00025191

RECEIVED
12 DEC 21 AM 11:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pharma Resources, Inc.
Name of Corporation

DOCUMENT NUMBER: PO 3000121931

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Longo
Name of Contact Person

Pharma Resources, Inc.
Firm/Company

*New
mon 35* 501 North Orlando Ave
Address
Suite 313 - 259
Winter Park, FL 32789
City/State and Zip Code

g.longo@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Longo at (407) 616-6641
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pharma Resources, Inc.
2. The principal office address: NEW: 501 North Orlando Avenue
Suite 313-259 ~~Old~~ Winter Park, FL 32789
3. The mailing address (if different): same
4. Date of incorporation/qualification: 10/29/2003 Document number: P03000 121931
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
GL ~~Pharma Resources, Inc.~~ Gregory A. Longo
PMB 259 380 S SR 434 Suite 1004
Altamonte Springs FL 32714
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GL ~~Pharma Resources, Inc.~~ Gregory A. Longo
501 North Orlando Ave Suite 313-259
Winter Park FL 32789
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Gregory Longo, President
Signature of an Officer or Director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10-5-12
Date

12-18-12

If signing on behalf of an entity:

Gregory A Longo
Typed or Printed Name

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12
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CLERK OF STATE
TALLAHASSEE, FLORIDA

*** FILING FEE: \$35.00 ***