

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90018 040 \*\*\*158.75

0612282 AT

**DOCUMENT # F00000005743**

1. Entity Name  
**PHARMCHEM, INC.**

Principal Place of Business Mailing Address  
**4600 N BEACH ST 4600 N BEACH ST**  
**HALTOM CITY TX 76137 HALTOM CITY TX 76137**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Att: DAVID LATTANZIO**

City & State City & State  
 Zip Country Zip Country

4. FEI Number **77-0187280** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**  
 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	<b>C</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>IRWIN, RICHARD D</b>		NAME		
STREET ADDRESS	<b>4600 N BEACH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HALTOM CITY TX 76137</b>		CITY-ST-ZIP		
TITLE	<b>VTS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LATTANZIO, DAVID A</b>		NAME		
STREET ADDRESS	<b>4600 N BEACH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HALTOM CITY TX 76137</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FORTNER, NEIL A</b>		NAME		
STREET ADDRESS	<b>4600 N BEACH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HALTOM CITY TX 76137</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>LISON, ELIZABETH M</b>		NAME		
STREET ADDRESS	<b>4600 N BEACH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HALTOM CITY TX 76137</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KURTA, JOSEPH L</b>		NAME		
STREET ADDRESS	<b>4600 N BEACH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HALTOM CITY TX 76137</b>		CITY-ST-ZIP		
TITLE	<b>VP INFORMATION SERVICES</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BABURAS, PARAKAL</b>		NAME		
STREET ADDRESS	<b>4600 N. BEACH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HALTOM CITY, TX 76137</b>		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: DAVID LATTANZIO REQUIRED D. A. LATTANZIO 1/6/02 817-605-662**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)