

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003049

1. Entity Name

INMED CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90054 012 ***150.00

Principal Place of Business

Mailing Address

2450 MEADOWBROOK PARKWAY
DULUTH GA 30096
US

2450 MEADOWBROOK PARKWAY
DULUTH GA 30096-4635
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2779077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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

01/27/2000

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 ☐ Delete
NAME EMM, DAVID F
STREET ADDRESS 2450 MEADOWBROOK PKWY.
CITY-ST-ZIP DULUTH GA 30136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SV
STREET ADDRESS CHANCE, STEVEN K
CITY-ST-ZIP 630 W GERMANTOWN PIKE
PLYMOUTH MEETING PA 19462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TV
STREET ADDRESS BYRNE, THOMAS M
CITY-ST-ZIP 155 S LIMERICK RD.
LIMERICK PA 19468

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME C
STREET ADDRESS BOYER, DAVID S
CITY-ST-ZIP 630 W. GERMANTOWN PIKE
PLYMOUTH MEETING PA 19462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME AS
STREET ADDRESS ZEARFOSS, HERBERT K
CITY-ST-ZIP 155 S. LIMERICK RD.
LIMERICK PA 19468

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME AS
STREET ADDRESS FRAGAKIS, ARTHUR
CITY-ST-ZIP 2450 MEADOWBROOK PKWY.
DULUTH GA 30096

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

770-623-0816

Daytime Phone #

CR2E034 (9/99)