

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29387

1. Entity Name

OUR BRAND PHARMACEUTICALS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90007 011 ***158.75

Principal Place of Business

Mailing Address

2150 GOLF ISLE DRIVE #1308
 MELBOURNE FL 32935

2150 GOLF ISLE DRIVE #1308
 MELBOURNE FL 32935

change to

2. Principal Place of Business

3. Mailing Address

4461 STACK BL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E 329

City & State

City & State

MELBOURNE FL.

4. FEI Number

59-2474176

Applied For

Not Applicable

Zip

Country

Zip

Country

32901

BREVARD

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

MANN, VERNA L
 2150 GOLF ISLES DR # 1308
 #1308
 MELBOURNE FL 32935

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PSTD
 MANN, VERNA L.
 2150 GOLF ISLE DR., #1308
 MELBOURNE FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

VERNA L. MANN
 VERNA L. MANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

321-727-7809

Daytime Phone #

CR2E034 (9/99)