FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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K79114

1. Entity Name

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02 MAR 21 PM 4: 13

DERMA INC.		SECHETARY OF STATE TALLAHASSEE, FLORIDA				
DO NOT WRITE	IN THIS SP	ACE	X	·		
2. Principal Place of Business 2333 PONCE DE LEDN BU		th Aue	2001 200	2 1100		
Suite, Apr. 1, etc. PENTHOUSE SUITE # 1104	Suite, Apt. #. etc.		2001-200			
CORAL GABLES, FI	City & State OKEECHOBEE	FI	4. FEI Number 65-0190968	Applied For Not Applicable		
33134 Country U.S.	34974	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
DO NOT W		7. Name and Address of Current Registered Agent Name NOEL A. CHANDLER Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SP	ACE	1007 SW 6th AVE City OVERCHOBER FL Zipscore 974				
8. The above named entity submits this statement for SIGNATURE Septimer. World or printed name of required name of required name.	landh	egistered office or regist	03 19 02			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) []	January 1 - Ma After May 1	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
DIRE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TOKEE CHOBEE TOKEE TOKEE CHOBEE TOKEE CHOBEE TOKEE CHOBEE TOKEE CHOBEE TOKEE	HANDLER VE	TITLE NAME STREET MODRESS CITY, S.S. 2P FYNLE HAME STREET MODRESS GITY, S.T. 2P	5000051 -04/02/0 ****300	832355 1201051019 100-****300.00		
TITLE NAME STREET ADDRESS CIPY-ST-2IP TITLE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NOT WR	1		
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY SY-ZHP TITLE	IN THIS SPA	GE.		
NAME STREET ADDRESS CITY-S1-74P		NAME Street address City-S1-71P				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY ST. 70P				
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation of the receiver or trustee empo attachment with an address, with all other like em	true and accurate and that my owered to execute this report a	signature shall have the	same legal effect as if made under oath; that t	am an officer or director		

Sar.

DERMA INC.

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ATTN: SEAN

AS PER OUR PHONE CONVERSATION ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

NOEL A. CHANDLER

noel O. Chandler