

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24703

1. Entity Name

CONCEPTS IN PHARMACEUTICAL RESEARCH, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90082 032 ***150.00

Principal Place of Business

2770 INDIAN RIVER BLVD.
SUITE 201
VERO BCH. FL 32960
US

Mailing Address

% CAROL HARPER
2770 INDIAN RIVER BLVD. #201
VERO BCH. FL 32960-4230
US

2. Principal Place of Business

2770 Indian River Blvd.
Suite, Apt. #, etc.
501

3. Mailing Address

2770 Indian River Blvd.
Suite, Apt. #, etc.
501

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0155327

Applied For

Not Applicable

Zip

32960-4230

Country

U.S.A.

Zip

32960-4230

Country

U.S.A.

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

BRADON, CAROL
5995 4TH STREET
VERO BCH. FL 32968

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 **D** ☐ Delete
NAME **BRANDON, CAROL**
STREET ADDRESS **5995 4TH STREET**
CITY-ST-ZIP **VERO BCH. FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/19/00

Date

561 929 5667

Daytime Phone #

x11

CR2E034 (9/99)