

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00861

1. Entity Name

PHYLOMED CORPORATION

Principal Place of Business

1850 N.W. 69TH AVENUE  
SUITE 1  
PLANTATION FL 33313

Mailing Address

1850 N.W. 69TH AVENUE  
SUITE 1  
PLANTATION FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2431750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUNDSCHENK, DAVID D  
504 SE 2ND AVENUE  
DANIA FL 33004

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MUNDSCHENK, DAVID D.	
STREET ADDRESS	504 SE 2ND AVENUE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MUNDSCHENK, SUZANNE A.	
STREET ADDRESS	504 SE 2ND AVENUE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	JAMES W. WISHART, PRESIDENT	<input type="checkbox"/> Delete
NAME	JAMES W. WISHART, PRESIDENT	
STREET ADDRESS	11104 DEVEREUX STATION LANE	
CITY-ST-ZIP	FAIRFAX STATION, VA 22039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JAMES W. WISHART	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES W. WISHART	
STREET ADDRESS	11104 DEVEREUX STATION LANE	
CITY-ST-ZIP	FAIRFAX STATION, VA 22039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Suzanne Mundschenk* SUZANNE MUNDSCHENK V.P. 1-5-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0256548

CR2E034 (10/00)

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90089 019 \*\*\*158.75



DO NOT WRITE IN THIS SPACE