

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90468 012 ***150.00

0432107 AV

DOCUMENT # P00000019752

1. Entity Name

PHARMACEUTICAL DEVELOPMENT GROUP, INC.

Principal Place of Business

**2902 WHITTINGTON PLACE
TAMPA FL 33618**

Mailing Address

**2902 WHITTINGTON PLACE
TAMPA FL 33618**

2. Principal Place of Business

**13902 North Dale Mabry
Suite, Apt. #, etc.
Suite 213**

3. Mailing Address

**13902 North Dale Mabry
Suite, Apt. #, etc.
Suite 213**

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

65-0985917

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLUME, CHERYL D
2902 WHITTINGTON PLACE
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **Blume, Cheryl D**
Street Address (P.O. Box Number is Not Acceptable)
13902 North Dale Mabry Suite 213
City **Tampa** FL Zip Code **33618**

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: **Cheryl Blume**

Signature, typed or printed name of registered agent and title if applicable

Cheryl D. Blume, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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, 2002 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 **PD** ☐ Delete
NAME **BLUME, CHERYL D**
STREET ADDRESS **2902 WHITTINGTON PLACE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: **Cheryl Blume** **Cheryl D. Blume** **4/2/02** **(813)963-3062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)