

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90144 027 ***150.00

DOCUMENT # P00000079860

1. Entity Name
FARMAKON, INC.

Principal Place of Business

1107 PARKER DRIVE
PANAMA CITY FL 32401

Mailing Address

1107 PARKER DRIVE
PANAMA CITY FL 32401

2. Principal Place of Business

9900 HAMLIN BLVD.
Suite, Apt. #, etc. **411**

3. Mailing Address

9900 HAMLIN BLVD.
Suite, Apt. #, etc. **411**

City & State

SEMINOLE FL

City & State

SEMINOLE FL

4. FEI Number

59-3667921

Applied For

Not Applicable

Zip

33776

Country

U.S.A.

Zip

33776

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, LARYSA V
1107 PARKER DRIVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name **ULLE TOOMEQJA**

Street Address (P.O. Box Number is Not Acceptable)

9900 HAMLIN BLVD. Apt. # 411

City

SEMINOLE

FL

Zip Code

33776

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 **ULLE TOOMEQJA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-10-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, LARYSA V	
STREET ADDRESS	1107 PARKER DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMEQJA, ULLE	
STREET ADDRESS	1007 ARBOURS DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEPP, ELNA	
STREET ADDRESS	1007 ARBOURS DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMEQJA, ULLE	
STREET ADDRESS	9900 HAMLIN BLVD. Apt. # 411	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPP, ELNA	
STREET ADDRESS	9900 HAMLIN BLVD. Apt. # 411	
CITY-ST-ZIP	SEMINOLE FL 33776	
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: **ULLE TOOMEQJA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ulle Toomeqja

Date

01-10-01

Daytime Phone #

CR2E034 (10/00)