

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90183 030 ***150.00

DOCUMENT # P00000079860

1. Entity Name
FARMAKON, INC.

Principal Place of Business

**9900 HALIN BLVD
 SUITE 411
 SEMINOLE FL 33776**

Mailing Address

**9900 HAMLIN BLVD. SUITE 411
 SEMINOLE FL 33776**



DO NOT WRITE IN THIS SPACE

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

TOOMEJOA, ULLE
9900 HAMLIN BLVD, SUITE 411
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name

ULLE TOOMEJOA

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

9900 Hamlin Blvd Suite 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 TOOMEJOA**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/27/02
 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, 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 **TOOMEJOA, ULLE**
STREET ADDRESS **9900 HAMLIN BLVD, APT #411**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **VS** ☐ Delete
NAME **SEPP, ELNA**
STREET ADDRESS **9900 HAMLIN BLVD, APT #411**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ 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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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 TOOMEJOA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/27/02
(727) 644-6076

CR2E034 (9/01)