

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90101 027 \*\*\*150.00

**DOCUMENT # P00000105502**

1. Entity Name

**MCR AMERICAN PHARMACEUTICALS, INC.**

Principal Place of Business

16206 FLIGHT PATH DRIVE  
 BROOKSVILLE FL 33604

Mailing Address

16206 FLIGHT PATH DRIVE  
 BROOKSVILLE FL 33604

24133

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

63-1058661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **R. Seth Mann, Esq.**

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

**37941 East Meridian Ave.**

City **DADE City**

FL

Zip Code

**33525**

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

*R. Seth Mann, Esq.*

*R. Seth Mann, Esq.*

*4/4/02*

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, 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 **AMBROSE, DAVID D**  
 STREET ADDRESS **16206 FLIGHT PATH DRIVE**  
 CITY-ST-ZIP **BROOKSVILLE FL 33604**

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  
 NAME  
 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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*David D Ambrose* President & CEO

Date

*2/20/02*

Daytime Phone

*352-754-8587*

CR2E034 (9/01)

Attachment Document # 24133  
P00000105502

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
the undersigned corporation organized under the laws of the State of FLORIDA  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : MCR AMERICAN PHARMACEUTICALS, INC.
2. The mailing address of the corporation : 16206 FLIGHT PATH DRIVE  
BROOKSVILLE, FL 33604
3. Date of incorporation/qualification: 11/13/2000 Document number: P00000105502
4. The name and address of the current registered agent and office:

SPIEGEL & UTREA, P. A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

R. SETH MANN, ESQ.  
37941 East Meridian Avenue  
DADE CITY, FL 33525

The street address of its registered office and the street address of the business office of its registered  
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

11-30-01  
(Date)

David Ambrose Jr. President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated  
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent.

(Signature of Registered Agent)

11-30-01  
(Date)

If signing on behalf of an entity:

R. Seth Mann, R.A.  
(Typed or Printed Name)

President  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

**PAID**  
CK. NO. 778  
DATE 11-30-01