

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90360 009 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000023294

1. Entity Name

DermaHealth Systems Corporation

752342

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6248 Preston Ave.

3. Mailing Address

Same

DO NOT WRITE IN THIS SPACE

City & State

Livermore, CA

City & State

4. FFL Number

59-3702569

Applied For

Not Applicable

Zip

94550

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael R. Weber

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

1107 North A Street West

City

Tampa

FL

Zip Code

33604

**DO NOT WRITE
IN THIS SPACE**

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)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>P</i>
NAME	<i>H. Gerald Gibson</i>
STREET ADDRESS	<i>6248 Preston Avenue</i>
CITY-ST-ZIP	<i>Livermore, CA 94550</i>
TITLE	<i>V</i>
NAME	<i>Luiz B. Da Silva</i>
STREET ADDRESS	<i>6248 Preston Avenue</i>
CITY-ST-ZIP	<i>Livermore, CA 94550</i>
TITLE	<i>V</i>
NAME	<i>Michael R. Weber</i>
STREET ADDRESS	<i>1107 North A Street West</i>
CITY-ST-ZIP	<i>Tampa, FL 33604</i>
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/02 (925) 371-3900

Daytime Phone #

CR2E034B (12/01)