

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 022 ***150.00

DOCUMENT # P01000036776

1. Entity Name
BIO-PHARM DISTRIBUTION, INC.



Principal Place of Business

376 S. NORTH LAKES BLVD.

SUITE 1008

ALTAMONTE SPRINGS FL 32701

Please change

Mailing Address

376 S. NORTH LAKES BLVD.

SUITE 1008

ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

500 Winderley Place

Suite, Apt. #, etc.

Suite 224

City & State
Maitland, FL

Zip

32751

Country

US

3. Mailing Address

500 Winderley Place

Suite, Apt. #, etc.

Suite 224

City & State
Maitland, FL

Zip

32751

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3714104

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHALIN, LAWRENCE J

225 EAST ROBINSON STREET

SUITE 600

ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MACLEAY, MICHAEL
CITY-ST-ZIP 376 S. NORTH LAKES BLVD., SUITE 1008
ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME D
STREET ADDRESS GARNER, H. STEPHEN
CITY-ST-ZIP 376 S. NORTH LAKES BLVD., SUITE 1008
ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME D
STREET ADDRESS VOGT, STEPHEN C
CITY-ST-ZIP 376 S. NORTH LAKES BLVD. SUITE 1008
ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen C Vogt* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

(407) 660-1122

Daytime Phone #

CR2E034 (10/02)