

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0417382 AV

DOCUMENT # P01000076979

1. Entity Name

GENESIS PHARMACEUTICAL DISTRIBUTORS, INC.

04-01-2002 90626 002 ***150.00

Principal Place of Business

**707 DEL WEBB BLVD. W.
 SUN CITY CENTER FL 33573**

Mailing Address

**707 DEL WEBB BLVD. W.
 SUN CITY CENTER FL 33573**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6206 Benjamin Road
 Suite, Apt. #, etc.
 # 314**

3. Mailing Address

**6206 Benjamin Road
 Suite, Apt. #, etc.
 # 314**

City & State

Tampa, FL

City & State

TAMPA, FL

4. FEI Number

59-3736732

Applied For

Not Applicable

Zip

33634-5108

Country

USA

Zip

33634-5108

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PYLE, TERRENCE F

**707 DEL WEBB BLVD. W.
 SUN CITY CENTER FL 33573**

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.

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) ☐

**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 **D** ☒ Delete
 NAME **PYLE, TERRENCE F**
 STREET ADDRESS **707 DEL WEBB BLVD. W.**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P,S,T,D** ☒ Change ☐ Addition
 NAME **BECKEL, JACOB J.**
 STREET ADDRESS **6206 Benjamin Road, #314**
 CITY-ST-ZIP **Tampa, FL 33634-5108**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02 813-882-4500

CR2E034 (9/01)

Attachment
Document #

Riggs & Pyle

Attorneys and Counselors at Law

Frank P. Riggs
Terrence F. Pyle

LOCATED AT:
707 Del Webb Boulevard West
Sun City Center, Florida 33573

TELEPHONE: (813) 634-3361

MAILING ADDRESS:
Post Office Box 5869
Sun City Center, Florida 33571

FACSIMILE: (813) 634-4099

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615799

January 16, 2002

Genesis Pharmaceutical Distributors, Inc.
Attention: Jake Beckel
6206 Benjamin Road, #314
Tampa, FL 33634-5108

RE: 2002 UNIFORM BUSINESS REPORT

DJ # 00504987

Dear Jake:

As the incorporator of your Corporation, I received the first year's Uniform Business Report. I have made the necessary entries with respect to the corporate address and the Officers and Directors. Future Uniform Business Reports should come directly to the address shown in Item 3.

You need to indicate whether or not your Corporation has liability for intangible tax (Item 9), sign and date the Report and print your name and title (Item 13), and forward it prior to April 30, 2002, together with a check for the filing fee of \$150.00 payable to the Department of State, to:
(Envelope is enclosed)

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

I have left my name as Registered Agent of the Corporation (Item 6). If you wish to change the Registered Agent, or if there are any other changes or additions, please make them to the original document. If you elect to change the Registered Agent (Item 7), please note that the new Registered Agent needs to sign the Report (Item 8). If you do make any changes to the Report, I would ask that you forward me a copy of the completed document for my files.

If you have any questions, or need any assistance, please give me a call.

Sincerely,

Terrence F. Pyle

Terrence F. Pyle

OK to pay
per Jake.
VP
2/26/02

TFP/bd
Enclosures

PAID

CK. NO. 13668
DATE 3/21/2002