

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90157 046 ***150.00

DOCUMENT # P01000083370

1. Entity Name
UNITED BIOTECH, INC.

Principal Place of Business
**138 PALM COAST PARKWAY NORTHEAST SUITE 307
PALM COAST FL 32137**

Mailing Address
**138 PALM COAST PARKWAY NORTHEAST SUITE 307
PALM COAST FL 32137**

2. Principal Place of Business
4996 PALM COAST PARKWAY NW

3. Mailing Address
4996 PALM COAST PARKWAY NW

Suite, Apt. #, etc.
SUITE 5

Suite, Apt. #, etc.
SUITE 5

City & State
PALM COAST, FL

City & State
PALM COAST, FL

Zip
32137

Country
USA

Zip
32137

Country
USA

4. FEI Number

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.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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
PSTD

NAME
VALLES, VINCENT R SR

STREET ADDRESS
138 PALM COAST PARKWAY NORTHEAST SUITE 307

CITY-ST-ZIP
PALM COAST FL 32137

☐ Delete

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Delete

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Delete

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Delete

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Delete

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD

NAME
VALLES, VINCENT R SR

STREET ADDRESS
4996 PALM COAST PARKWAY NW, SUITE 5

CITY-ST-ZIP
PALM COAST, FL 32137

☒ Change ☐ Addition

TITLE
ST

NAME
WHITING, VALERIE R.

STREET ADDRESS
335 SILVER PALM DRIVE

CITY-ST-ZIP
LAKE MARY, FL 32746

☐ Change ☒ Addition

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Change ☐ Addition

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Change ☐ Addition

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Change ☐ Addition

TITLE
[REDACTED]

NAME
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY-ST-ZIP
[REDACTED]

☐ Change ☐ Addition

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:

Vincent R. Valles, Sr

4/26/02 (386) 446-4371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)