

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085712

1. Entity Name

PHARMACEUTICAL EQUIPMENT SALES, INC.

FILED

02 JUL 18 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

94 READY AVENUE
A-19
FT WALTON BEACH FL 32548

Mailing Address

745 HOLLYWOOD BLVD N.W.
FT WALTON BEACH FL 32548



DO NOT WRITE IN THIS SPACE

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSBORNE, ROBERT P
745 HOLLYWOOD BLVD N.W.
FT WALTON BEACH FL 32548

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*P/E/T
Robert P. Osborne
151 Edredge Rd
Ft. Walton Beach, FL 32548*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000006590600
-07/23/02--01045--016
*****150.00 *****150.00

☐ Change ☐ Addition

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CR20034-4/02

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:

Robert P. Osborne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02 850-244-1928

Date

Daytime Phone #

**Pharmaceutical
Equipment Sales, Inc.**

745 Hollywood Blvd, N.W.
Ft. Walton Beach, FL 32548
Tel: 850-244-1928 * Fax: 850-244-5813

Attachment

PO100008512

July 10, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

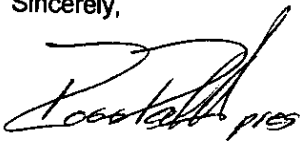
Dear Sir or Madam:

~~We request abatement of the penalty for non-timely filing. It was recently discovered that our~~
bookkeeper was failing to enter accounts payable into our computerized accounting system. Her
reason for doing this was to cover up a embezzlement in excess of \$50,000.00

I only recently have been able to reconstruct her destructive efforts, amongst which was our Uniform
Business Report.

Enclosed herewith is our payment of \$150.00 original filing fee. It is our hope that you abate the
\$400.00 penalty.

Sincerely,



Robert Paul Osborne
President