

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90072 044 \*\*\*150.00

**DOCUMENT # P01000113265**

**1. Entity Name**  
**AMBIENT PHARMACEUTICAL DISTRIBUTION, INC.**

**Principal Place of Business**

**Mailing Address**

~~1200 BRICKELL AVENUE SUITE 1720~~

~~1200 BRICKELL AVENUE SUITE 1720~~

~~MIAMI FL 33131~~

~~MIAMI FL 33131~~

**2. Principal Place of Business**

**11820 NW 37 STREET**

**3. Mailing Address**

**11820 NW 37 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**CORAL SPRINGS, FL**

**City & State**

**CORAL SPRINGS, FL**

**Zip**

**33065**

**Country**

**USA**

**Zip**

**33065**

**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**

**BAUMAN, BRYAN W**

~~1200 BRICKELL AVENUE SUITE 1720~~

~~MIAMI FL 33131~~

**7. Name and Address of New Registered Agent**

**GEORGE J. OVERMEYER**

**11820 NW 37 STREET**

**CORAL SPRINGS**

**FL**

**Zip Code 33065**

**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.

**GEORGE J. OVERMEYER**

**4/29/02**

(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 OVERMEYER, GEORGE J**  
**STREET ADDRESS 11820 NW 37TH STREET**  
**CITY-ST-ZIP CORAL SPRINGS FL 33065**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**D, T** ☒ **Change** ☐ **Addition**  
**(SAME AS TO THE LEFT)**

**TITLE** ☐ **Change** ☒ **Addition**  
**NAME NORMAN J. HOSKIN**  
**STREET ADDRESS 11820 NW 37 STREET**  
**CITY-ST-ZIP CORAL SPRINGS, FL 33065**

**TITLE D, P** ☐ **Change** ☒ **Addition**  
**NAME JAMES P. CEFARATTI**  
**STREET ADDRESS 11820 NW 37 STREET**  
**CITY-ST-ZIP CORAL SPRINGS, FL 33065**

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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**

**GEORGE J. OVERMEYER**

Date

Daytime Phone #

**4/29/02 796-3338 (15)**

CR2E034 (9/01)