

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90067 035 ***150.00

DOCUMENT # P98000046151

1. Entity Name
PHAMCO, INC.

Principal Place of Business

100 LINTON BLVD
STE 404B
DELRAY BEACH FL 33483

Mailing Address

100 LINTON BLVD
STE 404B
DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 LINTON BLVD

Suite, Apt. #, etc.

Suite 500 A

City & State

Delray Bch Florida

Zip

33483

Country

palm beach

3. Mailing Address

100 LINTON BLVD

Suite, Apt. #, etc.

Suite 500 A

City & State

Delray Bch Florida

Zip

33483

Country

palm beach

4. FEI Number

65-0838065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETITHOMME, YVENY

100 LINTON BLVD.

SUITE 404 B

DELRAY BEACH FL 33483

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 PTSD ☐ Delete
NAME PETITHOMME, YVES N
STREET ADDRESS 2263 NORTH WEST 62ND DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VPD ☒ Delete
NAME PETITHOMME, JUNETTE M
STREET ADDRESS 2263 NORTH WEST 62ND DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE PTSD ☒ Change ☐ Addition
NAME PETITHOMME II, YVENY
STREET ADDRESS 100 LINTON BLVD., SUITE 404 B
CITY-ST-ZIP DELRAY BEACH FL 33483

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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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 reports 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:

VENY PETITHOMME
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
 Date

(561) 265-2050
 Daytime Phone #

CR2E034 (9/01)