

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90070 010 ***150.00

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DOCUMENT # P99000032629

1. Entity Name
PHUNNY PHARM, INC.



Principal Place of Business
936 VICTOR DRIVE
DUNEDIN FL 34698

Mailing Address
936 VICTOR DRIVE
DUNEDIN FL 34698

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 **59-3585395**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLYKER, JEFFREY P
936 VICTOR DRIVE
DUNEDIN FL 34698

Name
Jeffrey P Slyker
Street Address (P.O. Box Number is Not Acceptable)
936 Victor Drive

City **Dunedin** **FL** Zip Code **34698**

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 **8-26-03**

FILE NOW!!! FEE IS \$550.00
After September 18, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SLYKER, JEFFREY P**
STREET ADDRESS **936 VICTOR DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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 **8-26-03** **Daytime Phone #**

CR2E034 (4/03)

Attachment #

80141891

P990000 32629

PHUNNY PHARM, INC.

2053 COUNTY ROAD 1

DUNEIND, FL 34698

727-733-9206

August 21, 2003

To Whom It May Concern:

Please find enclosed our check in the amount of \$150.00 to cover the annual filing fee for tax year 2003. We moved our corporate headquarters and Registered Agent to the above-mentioned address. I spoke to an associated in Tallahassee and she informed me to write a letter with the new address change. We never received the original Uniform Business Report; therefore we are paying using this report. Thank you for your cooperation.

Sincerely,

Jeffrey P. Slyker

