

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 004 ***150.00

DOCUMENT # P99000059372

1. Entity Name

PHARMATEAM INC.

Principal Place of Business

1582 VISCAYA DRIVE
 PORT CHARLOTTE FL 33952

Mailing Address

1582 VISCAYA DRIVE
 PORT CHARLOTTE FL 33952-2426

2. Principal Place of Business

7823 HERITAGE CLASSIC CT.

Suite, Apt. #, etc.

3. Mailing Address

7823 HERITAGE CLASSIC CT.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

52-2175402

Applied For

Not Applicable

Zip

34202

Country

USA

Zip

34202

Country

USA

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

MATTOX, YASMIN
 1582 VISCAYA DRIVE
 PORT CHARLOTTE FL 33952

Name

YASMIN MATTOX

Street Address (P.O. Box Number is Not Acceptable)

7823 HERITAGE CLASSIC CT.

City

BRADENTON

FL

Zip Code

34202-2810

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

Yasmin A. Mattox

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	YASMIN MATTOX PRESIDENT <input type="checkbox"/> Delete
NAME	YASMIN MATTOX
STREET ADDRESS	7823 HERITAGE CLASSIC CT.
CITY-ST-ZIP	BRADENTON, FL 34202-2810
TITLE	WILL PRESIDENT <input type="checkbox"/> Delete
NAME	WILLIAM MATTOX
STREET ADDRESS	7823 HERITAGE CLASSIC CT.
CITY-ST-ZIP	BRADENTON, FL 34202-2810
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Yasmin A. Mattox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 941-320-6348

CR2E034 (9/99)