

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063479

1. Entity Name

PROFESSIONAL PHARMACEUTICAL PRODUCTS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90059 015 ***150.00

Principal Place of Business

835 POINT SEASIDE DRIVE
 CRYSTAL BEACH FL 34681

Mailing Address

P.O. BOX 952
 CRYSTAL BEACH FL 34681-0952

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

59-3528193

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

BERGERON, RICHARD
 835 POINT SEASIDE DRIVE
 CRYSTAL BEACH FL 34681

Name

KATHLEEN ANN BERGERON

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

835 POINT SEASIDE DRIVE

City

CRYSTAL BEACH

FL

Zip Code

34681

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

4-17-00

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 **PRES** ☐ Delete
 NAME **KATHLEEN BERGERON**
 STREET ADDRESS **835 POINT SEASIDE**
 CITY-ST-ZIP **CRYSTAL BEACH FL 34681**

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

TITLE **SENIOR TREASURER** ☐ Delete
 NAME **RICHARD BERGERON**
 STREET ADDRESS **835 PT. SEASIDE DR**
 CITY-ST-ZIP **CRYSTAL BEACH FL 34681**

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

TITLE **V-PRES** ☐ Delete
 NAME **KATHLEEN BERGERON**
 STREET ADDRESS **same**
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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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

KATHLEEN A. BERGERON

Date

4-17-00 727-781-0676

Daytime Phone #

CR2E034 (9/99)