

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066545

1. Entity Name

ALPHAMED PHARMACEUTICALS CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90114 044 ***150.00

Principal Place of Business

Mailing Address

1409 N. FT. HARRISON, UNIT A
 CLEARWATER FL 33755

1409 N. FT. HARRISON, UNIT A
 CLEARWATER FL 33755-2421

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

59-3587193

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

WEBER, MICHAEL R
 3701 50TH AVE. SOUTH
 ST. PETERSBURG FL 33711

Name

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

1409 N. FT. Harrison Ave
 Unit A

City

Clearwater

FL

Zip Code

33755

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

M R Weber

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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 **D** ☒ Delete
 NAME **LEZDEY, JOHN**
 STREET ADDRESS **1409 N. FT. HARRISON, UNIT A**
 CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE **D** ☐ Delete
 NAME **LEZDEY, DARREN**
 STREET ADDRESS **1409 N. FT. HARRISON, UNIT A**
 CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE **D** ☐ Delete
 NAME **LEZDEY, JARETT**
 STREET ADDRESS **1409 N. FT. HARRISON, UNIT A**
 CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE **D** ☐ Delete
 NAME **WEBER, MICHAEL R**
 STREET ADDRESS **1409 N. FT. HARRISON, UNIT A**
 CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

M R Weber Michael R Weber Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/00

Daytime Phone #

727 441-1880

CR2E034 (9/99)