

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90142 011 \*\*\*150.00

**DOCUMENT # P99000110962**

1. Entity Name  
**PHARMATAB CORPORATION**

Principal Place of Business Mailing Address  
**6050-A JET PORT INDUSTRIAL BLVD. 6050-A JET PORT INDUSTRIAL BLVD.**  
**TAMPA FL 33634 TAMPA FL 33634**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3618565**  
**59-2021514** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ACEBO, ABELARDO L**  
**6050-A JET PORT INDUSTRIAL BLVD.**  
**TAMPA FL 33634**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ACEBO, ABELARDO</b>
STREET ADDRESS	<b>6050-A JET PORT INDUSTRIAL BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL 33634</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JACKSON, EDWARD T</b>
STREET ADDRESS	<b>6050-A JET PORT INDUSTRIAL BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL 33634</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JACKSON, JAMES W JR</b>
STREET ADDRESS	<b>6050-A JET PORT INDUSTRIAL BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL 33634</b>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Edward R. Jackson</b>
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: Edward R. Jackson 1/5/01 813-886-3216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)