

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90516 047 \*\*\*150.00

**DOCUMENT # H13682**

1. Entity Name

GATEWAY PRESCRIPTION CENTER, INC.



Principal Place of Business

BAYA PHARMACY WEST  
2669 US 90 WEST  
LAKE CITY FL 32055  
US

Mailing Address

2669 US 90 WEST  
SUITE 1  
LAKE CITY FL 32055  
US

2. Principal Place of Business

3. Mailing Address

Baya Pharmacy  
Suite, Apt. #, etc.  
780 SE Baya Dr.

780 SE Baya Dr

City & State  
Lake City, FL

City & State  
Lake City, FL

Zip  
32025

Country  
USA

Zip  
32025

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2435745

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

NORRIS, JOHN E  
201 N MARION ST  
STE 301  
LAKE CITY FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)  
253 NW Main Blvd.

City Lake City, FL 32055 FL Zip Code 32055

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ALLISON, CARL  
RT 8 BOX 822  
LAKE CITY FL 32055 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
ALLISON, JOAN  
RT 8 BOX 822  
LAKE CITY FL 32055 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Delete

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

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 REQUIRED**  
Joan Allison

1-16-03

Date

Daytime Phone #

CR2E034 (10/02)