

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90183 029 \*\*\*158.75

**DOCUMENT # P02000020447**

1. Entity Name  
**GULF COAST PHARMACEUTICAL RESEARCH, INC.**



Principal Place of Business  
**7320 STATE RD 52  
HUDSON FL 34667**

Mailing Address  
**7320 STATE RD 52  
HUDSON FL 34667**

2. Principal Place of Business  
**3306 U.S. Hwy 19 N**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**Suite B**

Suite, Apt. #, etc.

City & State  
**Holiday**

City & State

Zip  
**34691**

Country  
**PASCO**

Zip

Country

4. FEI Number  
**30 0071 413**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**MORRIS, S.A.  
7320 STATE RD 52  
HUDSON FL 34667**

## 7. Name and Address of New Registered Agent

Name **Linda Rhea**  
Street Address (P.O. Box Number is Not Acceptable)  
**4402 Konga Ct**  
City **New Port Richey FL** Zip Code **34655**

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 **Linda D Rhea**

**3/26/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORRIS, S.A. 7320 STATE RD 52 HUDSON FL 34667</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Lin M. Rhea 758 Timuquana Lane Palm Harbor, FL 34684</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. Linda D. Rhea 4402 Konga Ct New Port Richey, FL 34655</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Linda D. Rhea 4402 Konga Ct. New Port Richey, FL 34655</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas. Linda M. Rhea 758 Timuquana Ln. Palm Harbor, FL 34655</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/03 727.834-9031**

Date

Daytime Phone #

CR2E034 (10/02)