

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

03/27/07
AV

DOCUMENT # P02000056058

1. Entity Name

ARMSTRONG PHARMACEUTICAL INC.



04-28-2003 91320 045 ***150.00

Principal Place of Business

4891 N W 103RD AVENUE

SUITE 16

SUNRISE FL 33351

Mailing Address

4891 N W 103RD AVENUE

SUITE 16

SUNRISE FL 33351



2. Principal Place of Business

3. Mailing Address

4405 Federal Hwy

Suite, Apt. #, etc.

Suite 102

City & State

Deerfield Bch FL

Zip

33441

Country

USA

Broward

4. FEI Number

02-0606778

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

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET, #200

MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Susan D. Murray

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

4405 Federal Hwy

Suite 102

City

Deerfield Beach

FL

Zip Code

33441

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

2/3/03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, MIRANDA D	NAME	
STREET ADDRESS	4891 N W 103RD AVENUE, SUITE 16	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 9547398891

CR2E034 (10/02)