

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007549

1. Entity Name

THE APOTHECARY OF GULFPORT, INC.

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90003 033 \*\*\*550.00

Principal Place of Business

5802 28TH AVE. SOUTH  
 GULFPORT FL 33707

Mailing Address

5802 28TH AVE. SOUTH  
 GULFPORT FL 33707

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KELLEY, JOHN V  
 5802 28 AVE S  
 GULFPORT FL 33707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P**  
 NAME **KELLEY, JOHN V.**  
 STREET ADDRESS **5802 28 AVE S**  
 CITY-ST-ZIP **GULFPORT FL**

☐ Delete

TITLE **D**  
 NAME **JAGISCH, PATRICIA**  
 STREET ADDRESS **807 MARCO DR NE**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-01 727-321-3000

0350290

CR2E034 (10/00)