## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

5802 28TH AVE. SOUTH

## DOCUMENT # **P95000007549**

1. Entity Name

Principal Place of Business

5802 28TH AVE. SOUTH

THE APOTHECARY OF GULFPORT, INC.

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

01-21-2003 90047 024 \*\*\*150.00

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GULFPORT FL 33707			GULFPORT FL 33707						
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2. Principal Place of Business			3. Mailing Add	3. Mailing Address				111 <b>0 0</b> 131 1 <b>00 0</b> 1 04113	B1018 1011 1091
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State -			City & State	City & State			59-3291819	Applied For Not Applicable	
Zìp		Country	Zip		Country	5. (	Certificate of Status Desired	\$8.75 Ac	dditional
6. Name and Address of Current Registered Agent					1	7. Name and Address of New Registered Agent			
					Name				
KELLEY, JOHN V									
5802 28 A				Street Address			(P.O. Box Number is Not Acceptable)		
	T FL 33707	•							
GULFFUR	II FL 33/0/	•							
		•			City		F	Zip Cod	de
8. The above	named entit	y submits this statemer	nt for the purpose of c	hanging its regi	stered office or rea	istered age	ent, or both, in the State of Florida. I a	m familiar with	and accept
, the obligat	tions of regist	tered agent.			J				, 4114 4555
CICNIATURE									
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if applicable.	(NOTE: Reg	istered Agent signature rec	uired when re	instating) DATI	F	<del></del>
• F		U 555 10 6450 00							
TILE NOW ::: FEE 13 \$150.00						ļ	9. Election Campaign Financing	\$5.0	<b>00</b> May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						ľ	Trust Fund Contribution.	☐ Adde	ed to Fees
10. OFFICERS AND DIRECTORS							DITIONO (OL VALOCO TO OFFICERO	US DIDGATA	
TITLE	P	OFFICERS A	·		11.	ADI	DITIONS/CHANGES TO OFFICERS A		
NAME	KELLEY, J	OHN V		Delete	TITLE NAME			Change	Addition
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CITY-ST-ZIP	GULFPOR				CITY-ST-ZIP				
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NAME	JAGISCH,	PATRICIA			NAME			onanye	Li Addition
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NAME STREET ADDRESS					NAME				
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	الكريب	information P	date at the Silver		CITY-ST-ZIP				
· ruereby c	eruiy marine	rimormation supplied v	viiri this tiling does not	$\epsilon$ quality for the $\epsilon$	exemption stated in	Section 1	19.07(3)(i), Florida Statutes. I further of	ertify that the i	nformation 1

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 PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

727-321-3000

Daytime Phone #