

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90108 035 \*\*\*158.75

**DOCUMENT # P96000065002**

1. Entity Name

**G&G PHARMACEUTICAL SEARCH, INC.**

Principal Place of Business

Mailing Address

16861 DRIFTWOOD LANE  
SUGARLOAF KEY FL 33042

P.O. BOX 233  
SUGARLOAF KEY FL 33044

2. Principal Place of Business

**17173 W Buttonwood Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sugarloaf Key FL 33042**

City & State

4. FEI Number

**65-0689934**

Applied For  
Not Applicable

Zip

Country

**33042**

**U.S.A**

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHULTZ, GWENDOLYN**  
**16861 DRIFTWOOD LANE**  
**SUGARLOAF FL 33042**

7. Name and Address of New Registered Agent

Name **Gwendolyn Schultz**

Street Address (P.O. Box Number is Not Acceptable)  
**17173 W Buttonwood Drive**

City **Sugarloaf Key**

**FL**

Zip Code  
**33042**

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

*Gwendolyn Schultz*

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, 2000 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 **PSD** ☐ Delete  
NAME **SCHULTZ, GWENDOLYN L**  
STREET ADDRESS **16861 DRIFTWOOD LANE**  
CITY-ST-ZIP **SUGARLOAF KEY FL 33042**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition  
NAME **Gwendolyn Schultz**  
STREET ADDRESS **17173 W Buttonwood Drive**  
CITY-ST-ZIP **Sugarloaf Key FL 33042**

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

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

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

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

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:

*Gwendolyn Schultz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-00 (305) 745-1472**

Date

Daytime Phone #