

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90040 006 \*\*\*158.75

**DOCUMENT # P96000065002**

1. Entity Name  
**G&G PHARMACEUTICAL SEARCH, INC.**



Principal Place of Business  
**17173 W. BUTTONWOOD DR  
SUGARLOAF KEY FL 33042**

Mailing Address  
**P.O. BOX 233  
SUGARLOAF KEY FL 33044**



2. Principal Place of Business

3. Mailing Address  
**17173 W. Buttonwood Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Sugarloaf Key Florida**

4. FEI Number  
**65-0689934**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
**33042**

Country  
**USA**

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

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

**SCHULTZ, GWENDOLYN  
17173 W. BUTTONWOOD DR  
SUGARLOAF FL 33042**

Name  
**Gwendolyn Esbensen**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gwendolyn Esbensen*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-13-03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**SCHULTZ, GWENDOLYN L**  
**17173 W. BUTTONWOOD DR**  
**SUGARLOAF KEY FL 33042** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**Esbensen, GWENDOLYN**  
**17173 W Buttonwood Drive**  
**Sugarloaf Key FL 33042** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**GWENDOLYN, SCHULTZ E**  
**17173 W BUTTONWOOD DR**  
**SUGARLOAF KEY FL 33042** ☒ Delete

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

TITLE  
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☐ Change ☐ 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: *Gwendolyn Esbensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03**  
Date

**305-745-1472**  
Daytime Phone #

CR2E034 (10/02)