

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021744

1. Entity Name

DRUG DELIVERY SYSTEMS, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90209 035 ***558.75

Principal Place of Business

5241 NW 100 AVE
CORAL SPRINGS FL 33076
US

Mailing Address

5241 NW 100 AVE
CORAL SPRINGS FL 33076
US

2. Principal Place of Business

3350 NW 22nd Terrace

Suite, Apt. #, etc.

Suite 500 B

City & State

Pompano Beach, FL

Zip

33069

Country

US

3. Mailing Address

3350 NW 22nd Terrace

Suite, Apt. #, etc.

Suite 500 B

City & State

Pompano Beach, FL

Zip

33069

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0840305

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MICHAEL D ESQ
712 US HIGHWAY ONE
4TH FLOOR
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name Harris, Michael D ESQ

Street Address (P.O. Box Number is Not Acceptable)
1645 Palm Beach Lakes Blvd

Suite 550

City West Palm Beach

FL

Zip Code 33401

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

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

Dr. Dana M. Vaughn
(NOTE: Registered Agent signature required when reinstating)

8/14/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VAUGHN, DANA
STREET ADDRESS 5241 NW 100 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33076 } new address

☒ Delete

TITLE V
NAME CHRISTENSEN, ED
STREET ADDRESS 5022 NW 104TH WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME VAUGHN, DANA
STREET ADDRESS 7730 Yosemite Lane
CITY-ST-ZIP PARKLAND FL 33067

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Director
NAME Peter N. Walmsley
STREET ADDRESS 350 Pensacola Beach Blvd., Suite 3B,
CITY-ST-ZIP Gulf Breeze, FL 32562 P.O. Box 250

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Dana M. Vaughn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00

Date

954.935.9588

Daytime Phone #

CR2E034 (5/00)