

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90134 025 ***550.00

AV

DOCUMENT # P99000001728

1. Entity Name
BRECKENRIDGE PHARMACEUTICAL, INC.

Principal Place of Business

**1141 S ROGERS CIRCLE
 BOCA RATON FL 33487**

Mailing Address

**1141 S ROGERS CIRCLE
 BOCA RATON FL 33487**

2. Principal Place of Business

**1141 S. Rogers Circle
 Suite, Apt. #, etc.
 Suite 3**

3. Mailing Address

**PO Box 206
 Suite, Apt. #, etc.**

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0889701

Applied For

Not Applicable

Zip

33487

Country

Zip

33429

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RUNSDORF, LAURENCE D
 1141 S ROGERS CIRCLE
 BOCA RATON FL 33487**

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 \$550.00
 After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RUNSDORF, LAURENCE D	
STREET ADDRESS	1141 S ROGER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01

Date

Daytime Phone #

CR2E034 (5/01)