2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 181910** May 30, 2000 8:00 am 1. Entity Name Secretary of State DRUG SHOP, INC. 05-30-2000 90064 028 ***550.00 Principal Place of Business Mailing Address 2040 NORTH 12TH AVENUE 2040 NORTH 12TH AVENUE PENSACOLA FL 32503-5303 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0737794 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOREN 20 STEWART WHIGHAM, M W Street Address (P.O. Box Number is Not Acceptable) 2430 HWY 297-A 1305 NORTH 12TH AVE PENSACOLA FL 32503 City CANTONMENT 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. DRENZO T. STEWART FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Delete TITLE TITLE STEWART, LOREN 20 WHIGHAM,M W NAME NAME 2430 HWY 293-A STREET ADDRESS STREET ADDRESS 1305 N 12TH AVE ANTONMENT, FL 32533 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE Delete TITLE EUGENIA B. STEWART NAME WHIGHAM JR.MARSHALL W NAME 2430 HWY 297-A STREET ADDRESS 4221 CHERRY LAUREL DR STREET ADDRESS CANTONMENT FL CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/5/13/03Co / Co