## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # 181910** 1. Entity Name DRUG SHOP, INC. 04-18-2001 90029 030 \*\*\*150.00 Principal Place of Business Mailing Address 2040 NORTH 12TH AVENUE 2040 NORTH 12TH AVENUE PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0737794 Not Applicable Zin Country Country Zip \$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 WHIGHAM, M W 1305 NORTH 12TH AVE PENSACOLA FL 32503 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. PD TITLE 🗶 Delete TITLE WHIGHAM.M W NAME NAME 2430 HW STREET ADDRESS 1305 N 12TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Delete NAME WHIGHAM JR.MARSHALL W NAME STREET ADDRESS **4221 CHERRY LAUREL DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

☐ Addition