

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 254281

1. Entity Name

PEARL STREET PHARMACY, INC.

**FILED**  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90153 002 \*\*\*150.00

Principal Place of Business

% JAMES PHILLIP BROWN  
312 W 8TH ST.  
JACKSONVILLE FL 32206

Mailing Address

% JAMES PHILLIP BROWN  
312 W 8TH ST.  
JACKSONVILLE FLA 32206-4331

DUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0941425

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, JAMES PHILIP  
1342 MARLEE ROAD  
SWITZERLAND FL 32259

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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          | PD                         | <input type="checkbox"/> Delete |
| NAME           | BROWN, JAMES P             |                                 |
| STREET ADDRESS | 1342 MARLEE RD             |                                 |
| CITY-ST-ZIP    | SWITZERLAND, FL 00000      |                                 |
| TITLE          | DVT                        | <input type="checkbox"/> Delete |
| NAME           | BROWN, DEBRA LYNN          |                                 |
| STREET ADDRESS | 1342 MARLEE RD             |                                 |
| CITY-ST-ZIP    | SWITZERLAND, FL 00000      |                                 |
| TITLE          | DS                         | <input type="checkbox"/> Delete |
| NAME           | KANAWATI, DINA             |                                 |
| STREET ADDRESS | 8789 SOUTHWEST BLVD, #2007 |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL            |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | GOINS, ANNETTE             |                                 |
| STREET ADDRESS | 1303 LAURA ST              |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL            |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, BETTY            |                                 |
| STREET ADDRESS | 312 W 8TH ST               |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32206      |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | COLLEY, RAMONA             |                                 |
| STREET ADDRESS | P.O. BOX 14277             |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32238      |                                 |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | YANG YANG              |  |
| STREET ADDRESS | 653 Galtier Ct #105    |  |
| CITY-ST-ZIP    | St Paul MN 55103       |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LINDA JACKSON          |  |
| STREET ADDRESS | 335 W 8th St           |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32206  |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Brian Johnson          |  |
| STREET ADDRESS | 1429 Pearl St          |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32206 |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Malvin Freeman         |  |
| STREET ADDRESS | 312 W 8th St           |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32206 |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Larry Floyd            |  |
| STREET ADDRESS | 312 W 8th St           |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32206 |  |
| 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 or without other like empowered.

SIGNATURE:

*James Phillip Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

904 356 130x

Daytime Phone #