

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90280 013 ***550.00

DOCUMENT # 254281

1. Entity Name

PEARL STREET PHARMACY, INC.

Principal Place of Business

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

Mailing Address

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

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BROWN, JAMES P	1342 MARLEE RD	SWITZERLAND, FLA 00000	<input type="checkbox"/>
DVT	BROWN, DEBRA LYNN	1342 MARLEE RD	SWITZERLAND, FLA 00000	<input type="checkbox"/>
DS	KANAWATI, DINA	8789 SOUTHWEST BLVD, #2007	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	GOINS, ANNETTE	1303 LAURA ST	JACKSONVILLE FL 32206	<input type="checkbox"/>
D	WILLIAMS, BETTY	312 W 8TH ST	JACKSONVILLE FL 32206	<input checked="" type="checkbox"/>
D	COLLEY, RAMONA	P.O. BOX 14277	JACKSONVILLE FL 32238	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Phillip Brown	335 West 8th St.	Jacksonville, FL 32206	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Linda S. Jackson	2121 N Davis St	Jacksonville, FL 32206	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Melvin Freeman	Perry Street	Jacksonville, FL 32206	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Annette Bolden	4839 Mowbray Rd #7	Jacksonville, FL 32208	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)