

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 259379

1. Entity Name
JMI-DANIELS PHARMACEUTICALS, INC.

Principal Place of Business

2517 25TH AVE NORTH
ST PETERSBURG FL 33713
US

Mailing Address

P.O. BOX 48303
ST LOUIS MO 63146
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

501 FIFTH ST.

Suite, Apt. #, etc.

ATTN: P. POPE

City & State

BRISTOL TN

Zip
37620

Country
USA

4. FEI Number
59-0979811

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, JOAN M 108 TUDOR PLACE BRISTOL TN 37620	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, JEFFERSON J 5015 MORFIELD DRIVE ROCHESTER HILLS MI 48306	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BELLAMY, JOHN A 1237 WATAUGA ST KINGSPORT TN 37660	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRAUSS, ELAINE A 8557 135TH ST N SEMINOLE FL 33776	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTS BROWN, WILLIAM L 1329 BAUTEL LANE SAINT LOUIS MO 63146	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY KYLE P. MACIONE 142 E Main Street Abingdon, Va. 24210	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES A. LATTANZI 207 WILLOW RIDGE ROAD Johnson City, TN.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JEFFERSON J. GREGORY 221 MEMORY LANE BRISTOL, TN 37620	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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

1-10-2002 (423) 989-8709

Date

Printed Name

FILED

02 OCT 26 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09/11/02-90080 037-\$550.00