

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90012 001 ***211.25

DOCUMENT # 567267

1. Entity Name
FLORIDA PHARMACY JOURNAL, INC.

Principal Place of Business Mailing Address
610 N. ADAMS STREET 610 N. ADAMS STREET
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1845552** Applied For
 Not Applicable

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

JACKSON, MICHAEL A
610 NO ADAMS STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|------------------------|---|-------|------|----------------|-------------|
| | S | ZAENGER, PEGGY A PHARM | 2708 SAINT JOHNS AVE JACKSONVILLE FL 32205 | | | | |
| | DT | TUELL, KEN | 220 ELMCREST DRIVE HOLLY SPRINGS NC 27540 | | | | |
| | MD | JACKSON, MICHAEL A | 6440 JUSTIN GRANT TRAIL TALLAHASSEE FL 32308 | | | | |
| | C | ASTLE, ELIZABETH | 1611 SPARKLING COURT DUNEDIN FL 34698 | | | | |
| | VD | DALIN, GARY | 4030 LANSING AVE COOPER CITY FL 33026 | | | | |
| | | | | | | | |

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: *Michael A. Jackson* **MICHAEL A. JACKSON** 1/7/2002 (850) 878-6442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)