

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90148 001 \*\*\*211.25

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**DOCUMENT # 567267**

1. Entity Name  
**FLORIDA PHARMACY JOURNAL, INC.**



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

Mailing Address  
**610 N. ADAMS STREET  
TALLAHASSEE FL 32301**

00001580



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1845552**

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

**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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S**  Delete  
NAME **ZAENGER, PEGGY A PHARM**  
STREET ADDRESS **2708 SAINT JOHNS AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT**  Delete  
NAME **TUELL, KEN**  
STREET ADDRESS **220 ELMCREST DRIVE**  
CITY-ST-ZIP **HOLLY SPRINGS NC 27540**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MD**  Delete  
NAME **JACKSON, MICHAEL A**  
STREET ADDRESS **6440 JUSTIN GRANT TRAIL**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C**  Delete  
NAME **ASTLE, ELIZABETH**  
STREET ADDRESS **1611 SPARKLING COURT**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **DALIN, GARY**  
STREET ADDRESS **4030 LANSING AVE**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Change  Addition  
NAME **DON BERGEMANN**  
STREET ADDRESS **214 HOLLOW OAK COURT**  
CITY-ST-ZIP **TAMPA SPRINGS, FL 34689**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael A Jackson* **MICHAEL A JACKSON**

1/3/2002

(850) 222-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)