

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV -7 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *p of 000098112*
1. Entity Name
America's Home Pharmacy, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1706 E. Semoran Blvd.
Suite, Apt. #, etc.
suite 127

3. Mailing Address
1469 Falconwood Ct.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Apopka, FL
Zip
32703
Country
USA

City & State
Apopka, FL
Zip
32712
Country
USA

4. FEI Number
26-0001160
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Terry A. Beden
Street Address (P.O. Box Number is Not Acceptable)
1469 Falconwood Ct.
City
Apopka FL Zip Code
32712

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 *Terry A. Beden* CEO *Terry A. Beden* 10-10-2002
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>CEO Terry A. Beden 1469 Falconwood Ct. Apopka, FL 32712</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>700008876727 11/07/02--01080--002 **150.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President / Secretary Kimberly Beden 1469 Falconwood Ct. Apopka, FL 32712</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DR 11/15</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry A. Beden* CEO *Terry A. Beden* 10-10-02 407-884-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

America's Home Pharmacy, Inc.

1469 Falconwood Ct.
Apopka, FL 32712
407-889-9087 407-889-9921 Fax

Date: October 10, 2002

To: State of Florida

From: America's Home Pharmacy, Inc.

To Whom It May Concern:

Please find attached the annual Uniform Business Report and a check for \$150.00. On Wednesday October 9, one of our reps informed us that we were listed on your website as dissolved. We contacted our attorney who advised us that we were required to submit this UBR form. We did not receive the form or any notice otherwise and were told by your staff member at the State office yesterday to download the form and send it with this letter and the \$150.00.

Please let me know if there is anything further you need from me. Thank you for your assistance.

Cordially,



Terry A. Beden, CEO
America's Home Pharmacy, Inc.