

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90152 049 ***150.00

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

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 **59-0941425**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROWN, JAMES P ☐ Delete
1342 MARLEE RD
SWITZERLAND, FLA 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT ☐ Change ☒ Addition
Bolden, Annette
4839 Moncrief Rd #7
Jacksonville, FL 32208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT ☒ Delete
BROWN, DEBRA LYNN
1342 MARLEE RD
SWITZERLAND, FLA 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Freeman, Melvin
Perry St
Jacksonville, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
BROWN, JOHN P
335 WEST 8TH ST
JACKSONVILLE FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
James Macou Brown ☐ Change ☒ Addition
P.O. Box 72
Sumnerland Ca 93067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
GOINS, ANNETTE
1303 LAURA ST
JACKSONVILLE FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
JACKSON, LINDA S
2121 N DAVIS ST
JACKSONVILLE FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT ☒ Change ☐ Addition
JACKSON, Linda S
2121 N Davis St
Jacksonville, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Delete
COLLEY, RAMONA
P.O. BOX 14277
JACKSONVILLE FL 32238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

James Phillip Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03

904 356 1304

Date

Daytime Phone #

CR2E034 (10/02)