

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90523 019 \*\*\*150.00

0053548 AV

**DOCUMENT # 277023**

1. Entity Name  
**SERVICE DRUG COMPANY OF DEFUNIAK SPRINGS FLORIDA  
, INCORPORATED**



Principal Place of Business  
**810 BALDWIN AVENUE  
P.O. BOX 68  
DEFUNIAK SPRINGS FL 32435  
US**

Mailing Address  
**810 BALDWIN AVENUE  
P.O. BOX 68  
DEFUNIAK SPRINGS FL 32435  
US**

**90011731**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-1030428**

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

**RUTHERFORD, ALLAN P  
314 PINE SHORES ROAD  
DEFUNIAK SPRINGS FL 32435**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code **32435**

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 **VD** ☐ Delete  
NAME **RUTHERFORD, PERRY, C**  
STREET ADDRESS **111 COLLEGE AVENUE**  
CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**

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

TITLE **SD** ☐ Delete  
NAME **RUTHERFORD, MARIAN, R**  
STREET ADDRESS **314 PINE SHORES ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**

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

TITLE **PD** ☐ Delete  
NAME **RUTHERFORD, ALLAN, P**  
STREET ADDRESS **314 PINE SHORES ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**

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

TITLE **TD** ☐ Delete  
NAME **ABBOTT, SHANE G**  
STREET ADDRESS **612 E MAIN ST**  
CITY-ST-ZIP **DEFUNIAK SPRGS FL 32433**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*ALLAN P. RUTHERFORD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

Date

850-892-7211

Daytime Phone #

CR2E034 (10/02)