

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 285592

1. Entity Name

G & G DRUGS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90158 012 ***158.75

Principal Place of Business

115 N.W. SANTA FE BLVD.
HIGH SPRINGS FL 32643

Mailing Address

P.O. BOX 846
HIGH SPRINGS FL 32655-0846
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1125 N. SUMMIT STREET

Suite, Apt. #, etc.

City & State

Crescent City

Zip

Country

Zip

32112

Country

US

4. FEI Number

59-1057321

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAIN, GERALD
525 N MAIN STREET
HIGH SPRINGS, FLA

7. Name and Address of New Registered Agent

Name JOE H. PICKENS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
222 N. 3rd ST.

City PALATKA

FL

Zip Code 32177

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

Joe H. Pickens
Signature, typed or printed name of registered agent and title if applicable.

JOE H. PICKENS, ATTORNEY

4/24/00

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAIN, JOSEPH GERALD	
STREET ADDRESS	525 N MAIN STREET	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRAZER, NORMA J	
STREET ADDRESS	148 FLORIDIAN CLUB ROAD	
CITY-ST-ZIP	WELAKA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, WARREN D	
STREET ADDRESS	ROUTE 309, CEDAR COVE	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, CHRISTOPHER C	
STREET ADDRESS	3010 NAUTILUS ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON, MICHAEL	
STREET ADDRESS	605 SW 1 st STREET	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, SALVADOR	
STREET ADDRESS	270 NE 8 th AVE.	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	

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:

Norma Frazer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA FRAZER

4/26/00

Date

(904) 698-1331

Daytime Phone #

CR2E034 (9/99)