

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 285592

1. Entity Name

G & G DRUGS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90060 014 ***158.75

Principal Place of Business

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

Mailing Address

1125 N SUMMIT STREET
CRESCENT CITY FL 32112
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1057321**

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

PICKENS, JOE H
222 N 3RD ST
PALATKA FL 32177

7. Name and Address of New Registered Agent

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 ☒ Delete
NAME CAIN, JOSEPH GERALD
STREET ADDRESS 525 N MAIN STREET
CITY-ST-ZIP HIGH SPRINGS FL 32655

TITLE SD ☐ Delete
NAME FRAZER, NORMA J
STREET ADDRESS 148 FLORIDIAN CLUB ROAD
CITY-ST-ZIP WELAKA FL 32189

TITLE D ☐ Delete
NAME FLETCHER, WARREN D
STREET ADDRESS ROUTE 309, CEDAR COVE
CITY-ST-ZIP GEORGETOWN FL 32139

TITLE D ☐ Delete
NAME HORN, CHRISTOPHER C
STREET ADDRESS 3010 NAUTILUS ROAD
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE P ☐ Delete
NAME PRESTON, MICHAEL
STREET ADDRESS 685 SW 1ST STREEGT
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE D ☐ Delete
NAME PEREZ, SALVADOR
STREET ADDRESS 270 NE 8TH AVE
CITY-ST-ZIP LAKE BUTLER FL 32054

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA J. FRAZER

4/12/01

(904) 698-3737

Date

Daytime Phone

CR2E034 (10/00)