

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 301363

1. Entity Name
MAGNOLIA PHARMACY, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90029 029 ***150.00

Principal Place of Business

102 W. REYNOLDS STREET
PLANT CITY FL 33566

Mailing Address

102 W. REYNOLDS STREET
PLANT CITY FL 33566

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Drawer RR

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

Country

33564

Country

U.S.A.

4. FEI Number 59-1115023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, J. MYRLE
204 W JOHNSON RD
PLANT CITY FL 33567

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	D	<input type="checkbox"/> Delete
NAME	ENNIS, CHERI K	
STREET ADDRESS	204 W JOHNSON RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HENRY, TOMMIE C	
STREET ADDRESS	204 W JOHNSON RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	HENRY, J MYRLE	
STREET ADDRESS	204 W JOHNSON RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, KATHY L.	
STREET ADDRESS	204 W JOHNSON RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

Date

Daytime Phone #

J. Myrle Henry J. Myrle Henry 2-5-01 752-4094 (813)

CR2E034 (10/00)

713662



DO NOT WRITE IN THIS SPACE