

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 302476

1. Entity Name

NALL'S DRUG STORE, INC

Principal Place of Business

Mailing Address

2618  
32 BIG SHEEPCLIFF RD.  
CASHIERS NC 28717

P.O. BOX 56  
CASHIERS NC 28717

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

59-1146038

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

NALL, KEITH A  
8445 SW 177ND AVE RD  
DUNNELLON FL 34430

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 VPT ☐ Delete  
NAME NALL, JOY E  
STREET ADDRESS 52 BIG SHEEPCLIFF RD.  
CITY-ST-ZIP CASHIERS NC

TITLE SP ☒ Delete  
NAME NALL, R E JR.  
STREET ADDRESS 12005 SOUTH WILLIAMS ST. P.O. Box 56  
CITY-ST-ZIP DUNNELLON FL CASHIERS, NC 28717

TITLE D ☐ Delete  
NAME NALL, KEITH A  
STREET ADDRESS 8445 S.W. 177TH AVE RD.  
CITY-ST-ZIP DUNNELLON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

*Richard E. Nall, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Nall, Jr. 1-4-2001 928-743-9105

Date

Daytime Phone #

FILED

Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90058 018 \*\*\*150.00

600932



DO NOT WRITE IN THIS SPACE

0578560

CR2E034 (10/00)