# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 21, 2003 8:00 am**
**Secretary of State**
02-21-2003 90245 007 ***150.00

DOCUMENT # 360370

1. Entity Name
MEADOWLAWN PHARMACY INC

| Principal Place of Business | Mailing Address |
|---|---|
| 6401 NINTH ST NORTH<br>ST PETERSBURG FL 33702 | 6401 NINTH ST NORTH<br>ST PETERSBURG FL 33702 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6405 Ninth St North<br>Suite, Apt. #, etc. | 6405 Ninth Street North<br>Suite, Apt. #, etc. |
| City & State: St. Petersburg, FL | City & State: St Petersburg, FL |
| Zip: 33702 Country: ~~Fgn~~ USA | Zip: 33702 Country: USA |

4. FEI Number 59-1286480 ☐ 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 |
|---|---|
| DANIELS, JR T<br>6401 9TH ST NO<br>ST PETERSBURG FL 33702 | Name: Thomas B. Daniels, Jr<br>Street Address (P.O. Box Number is Not Acceptable): 6405 9th Street North<br>City: St Petersburg FL Zip Code: 33702 |

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 _____ Thomas B. Daniels, Jr. 2/17/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DANIELS, JR T<br>6401 9TH STREET NO<br>ST PETERSBURG FL 33702 | ☐ Delete | DANIELS, JR T.<br>Pres/Director<br>6405 9th Street North<br>St. Petersburg, FL 33702 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

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:** SIGNATURE REQUIRED Thomas B. Daniels, Jr. President 2/17/03 727-525-1564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #