

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 6401 NINTH ST NORTH ST PETERSBURG FL 33702	Mailing Address 6401 NINTH ST NORTH ST PETERSBURG FL 33702
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2. Principal Place of Business 6405 Ninth St North Suite, Apt. #, etc.	3. Mailing Address 6405 Ninth Street North Suite, Apt. #, etc.
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City & State St Petersburg, FL	City & State St Petersburg, FL
Zip 33702	Zip 33702
Country USA	Country USA



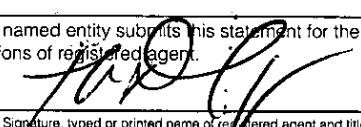
☐ CHECK HERE IF MAKING CHANGES

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 DANIELS, JR T 6401 9TH ST NO ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent Name: Thomas B. Daniels, Jr Street Address (P.O. Box Number is Not Acceptable): 6405 9th Street North City: St Petersburg FL Zip Code: 33702
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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.

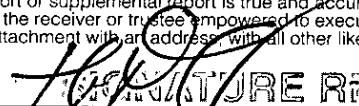
SIGNATURE  Thomas B. Daniels, Jr. 2/17/03
(NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE PD	☐ Delete
NAME DANIELS, JR T	
STREET ADDRESS 6401 9TH STREET NO	
CITY-ST-ZIP ST PETERSBURG FL 33702	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DANIELS, JR T.	☒ Change ☐ Addition
NAME Pres / Director	
STREET ADDRESS 6405 9th Street North	
CITY-ST-ZIP St. Petersburg, FL 33702	
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	

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:  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 #

CR2E034 (10/02)