

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 366496

1. Entity Name

JACKSON'S DRUGS OF MONTICELLO, INC.

Principal Place of Business

Mailing Address

166 EAST DOGWOOD STREET
MONTICELLO FL 32344

P.O. BOX 413
MONTICELLO FL 32345-0413

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

59-1295734

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

JACKSON, TRACEY B
110 E. DOGWOOD ST.
MONTICELLO FL 32344

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, 2000 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. PREVIOUS OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME JACKSON, CHARLES L.
STREET ADDRESS P.O. BOX 338, N/A US 90 W.
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ Delete

NAME VP JACKSON, MARSHA
STREET ADDRESS P.O. BOX 338, N/A US 90 W.
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ Delete

NAME ST JACKSON, TRACEY B
STREET ADDRESS P.O. BOX 338 N/A US 90 W.
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ Delete

NAME VP CHARLES DANIEL JACKSON
STREET ADDRESS BOX 338
CITY-ST-ZIP MONTICELLO FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME VP
Plaines, Marsha
STREET ADDRESS P.O. Box 338
CITY-ST-ZIP Monticello, FL 32345

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90001 050 ***150.00



DO NOT WRITE IN THIS SPACE

4/28/00