

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90060 026 \*\*\*150.00

**DOCUMENT # 366496**

1. Entity Name

**JACKSON'S DRUGS OF MONTICELLO, INC.**

Principal Place of Business

**166 EAST DOGWOOD STREET  
 MONTICELLO FL 32344**

Mailing Address

**P.O. BOX 413  
 MONTICELLO FL 32345**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>JACKSON, CHARLES L.</del>	
STREET ADDRESS	<del>P.O. BOX 338, N/A US 90 W.</del>	
CITY-ST-ZIP	<del>MONTICELLO FL 32345</del>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PLAINS, MARSHA</b>	
STREET ADDRESS	<b>P.O. BOX 338</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32345</b>	
TITLE	<del>OF Sec.</del>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, TRACEY B</b>	
STREET ADDRESS	<b>P.O. BOX 338 N/A US 90 W.</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32345</b>	
TITLE	<b>* President</b>	<input type="checkbox"/> Delete
NAME	<b>CHARLES DANIEL JACKSON</b>	
STREET ADDRESS	<b>BOX 338</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<i>David Jackson</i>	<input type="checkbox"/> Delete
NAME	<i>Box 338</i>	
STREET ADDRESS	<i>Monticello FL</i>	
CITY-ST-ZIP	<i>2nd UP</i>	
TITLE		<input type="checkbox"/> Delete
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for 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 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:** *Tracey B Jackson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/02* **850-997-3553**  
 Date Daytime Phone #

CR2E034 (9/01)