

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # B01000000336**

1. Entity Name  
**NOM WALGREENS LARGO, LTD.**  
*amendment dated 1-22-02*  
**NOM Largo, Ltd.**

Principal Place of Business: 250 WASHINGTON ST. PRATTVILLE AL 36067  
 Mailing Address: 250 WASHINGTON ST. PRATTVILLE AL 36067

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 APR 23 PM 1:44



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**P.O. Box 680176**  
 Suite, Apt. #, etc.  
 City & State  
**Prattville, Alabama**  
 Zip Country  
**36068 USA**

**DUE BY MAY 1, 2002**

4. FEI Number **63-1283980**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KIEHN, ROLAND W**  
**220 MCKENZIE AVENUE**  
**PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>F92000000595</b>
NAME	<b>CORPORATE GENERAL, INC.</b>
STREET ADDRESS	<b>250 WASHINGTON ST.</b>
CITY-ST-ZIP	<b>PRATTVILLE AL 36067</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300005481903--9</b>
CITY-ST-ZIP	<b>-05/07/02--01082--007</b> <b>***141.25 ***141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *X* **THOMAS E. NEWTON, President** 3/15/02 334-361-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)