2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State
09-15-2000 90019 018 ***550.00

DOCUMENT # F99000004735

1. Entity Name

BLANSETT PHARMACAL CO., INC.

Principal Place of Business	Mailing Address
14 PARKSTONE PLACE NORTH LITTLE ROCK AR 72116	14 PARKSTONE PLACE NORTH LITTLE ROCK AR 72116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 638 Suite, Apt. #, etc.
City & State	City & State: North Little Rock, AR
Zip / Country	Zip: 72115 / Country

4. FEI Number 71-0564067 ☐ 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
NOVAK, DANIEL 969 MAIN STREET ATLANTIC BECH FL 32233	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CP BLANSETT, LARRY 14 PARKSTONE PLACE NORTH LITTLE ROCK AR 72116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THURMAN, JOHN 124 WEST CAPITOL STE 1650 LITTLE ROCK AR 72201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARK, JOE JR. 173 CASTLE HEIGHTS CABOT AR 72023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, MIKE 513 DR. GORMAN DRIVE BELLE CHASSE LA 70037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change XX Addition Dr. John Thomas 219 Wood Shadow San Antonio, TX 78216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILAM, DENNIS 7SILVER RIDGE COVE N. LITTLE ROCK AR 72118	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change XX Addition Dr. Glenn Knotts P.O. Box 20787 Houston, TX 77225-0787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, ALTA JEAN 14 PARKSTONE PLACE NORTH LITTLE ROCK AR 72116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED 9/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #