

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90139 021 ***150.00

0013427
MR

DOCUMENT # F99000004735

1. Entity Name
BLANSETT PHARMACAL CO., INC.



Principal Place of Business
**14 PARKSTONE CIRCLE
NORTH LITTLE ROCK AR 72116**

Mailing Address
**P.O. BOX 638
NORTH LITTLE ROCK AR 72115**

60013379



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0564067

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CP**
STREET ADDRESS **BLANSETT, LARRY**
CITY-ST-ZIP **14 PARKSTONE PLACE**
NORTH LITTLE ROCK AR 72116

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD**
STREET ADDRESS **THURMAN, JOHN**
CITY-ST-ZIP **124 WEST CAPITOL STE 1650**
LITTLE ROCK AR 72201

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **PARK, JOE JR.**
CITY-ST-ZIP **173 CASTLE HEIGHTS**
CABOT AR 72023

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **FORD, MIKE**
CITY-ST-ZIP **513 DR. GORMAN DRIVE**
BELLE CHASSE LA 70037

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **GREEN, JERRY**
CITY-ST-ZIP **7905 TOLTEC DRIVE**
NORTH LITTLE ROCK AR 72116

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **THOMAS, JOHN**
CITY-ST-ZIP **219 WOOD SHADOW**
SAN ANTONIO TX 78216

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 _____ **NATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)