2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G78287**

1. Entity Name

SUN CITY DRUGS, INC.

Principal Place of Business	Mailing Address
% JOHN J. GATTOLINE. JR.	% JOHN J. GATTOLINE. JR.
1615 SUN CITY CENTER PLAZA	1615 SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33573	SUN CITY CENTER FL 33573

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2381707	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
GATTOLINE, JOHN J., JR.	Name
1615 SUN CITY CENTER PLAZA	Street Address (P.O. Box Number is Not Acceptable)
SUN CITY CENTER FL 33573	
	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 _____

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

FILE NOW!!! FEE IS $150.00		**9.** Election Campaign Financing
After May 1, 2003 Fee will be $550.00		Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees
Make Check Payable to Florida Department of State		

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME GATTOLINE, JOHN J., JR.		NAME	
STREET ADDRESS 1615 SUN CITY CENTER PLZ		STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: _John Gattoline, Jr. Pea_   1/31/03   813-634-1729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #