2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 13, 2003 8:00 am Secretary of State **DOCUMENT #** G88462 1. Entity Name 01-13-2003 90360 007 ***158.75 LAKE PHARMACY, INC. Principal Place of Business Mailing Address 25 S E AVE E C/O ROBERT STORY BELLE GLADE FL 33430 109 S LAKE AVE PAHOKEE FL 33476 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2382187 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent STORY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 109 S. LAKE AVE PAHOKEE FL 33476 City 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 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME STORY, CLAUDINE (10/02)Change ☐ Addition NAME STREET ADDRESS 101 SE 5HT ST N STREET ADDRESS CITY-ST-ZIE **BELLE GLADE FL** CR2E034 CITY-ST-ZIP TITLE Delete TITLE NAME STORY, ROBERT ☐ Change ☐ Addition STREET ADDRESS 101 SE 5TH ST NORTH STREET ADDRESS CITY-ST-ZIP BELLEGLADE FL CITY-ST-ZIP ☐ Delete TITLE NAME STORY, CATHI JO Change . Addition STREET ADDRESS 101 SE 5 STREET NORTH STREET ADDRESS CITY-ST-ZIP **BELLEGLADE FL 33430** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STORY, BRYAN C. STREET ADDRESS STREET ADDRESS 101 SE 575 STREET NORTH CITY-ST-ZIP CITY-ST-7IP BELLE GLADE, FL 33430 TITLE ☐ Delete TITLE ☐ Change Addition BAUMAN, ROBERT J. NAME STREET ADDRESS 15635 CHANDELLE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WELLINGTON, FL 33414 TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

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FILED