# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 10, 2002 8:00 am**
**Secretary of State**
04-10-2002 90481 016 ***150.00

005178 3 AV

DOCUMENT # H78562

1. Entity Name
THE TOWERS PHARMACY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1717 N "E" ST.. SUITE 320<br>PENSACOLA FL 32501-6335<br>US | 1717 N "E" ST.. SUITE 320<br>PENSACOLA FL 32501-6335<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 1717 N. "E" St.<br>Suite, Apt. #, etc.<br>Ste. 320, ATTN. J.Kehoe |
| City & State | City & State<br>Pensacola, FL |
| Zip / Country | Zip 32501 / Country US |

4. FEI Number 59-0057322 ☐ 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 |
|---|---|
| RANELLI, EDWARD<br>1717 N. E ST. STE. 320<br>PENSACOLA FL 32501 | Name: John Porter<br>Street Address (P.O. Box Number is Not Acceptable): 1717 N. "E" St.<br>Ste. 320<br>City: Pensacola **FL** Zip Code: 32501 |

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 _____ John Porter 4-2-02
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 $150.00**
**After May 1, 2002 Fee will be $550.00**
**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 | C<br>PORTER, JOHN<br>1717 N. E. ST., STE. 320<br>PENSACOLA FL 32501 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>YADEN, DEBRA<br>1717 N. E . ST. STE. 320<br>PENSACOLA FL 32501 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MCGEE, ELEANOR<br>1540 GLENNA LANE<br>CANTONMENT FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARRIMAN, BOB<br>1717 N. "E" ST., STE. 320<br>PENSACOLA FL 32501 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/01)

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:** _____ Debra A. Yaden, Asst. Sec. 4/1/02 (850)469-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #