

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am
Secretary of State**

02-01-2000 90022 041 ***150.00

DOCUMENT # J22904

1. Entity Name

SOFT DRUGS, INC.

Principal Place of Business

**3929 SW 69TH AVE
GAINESVILLE FL 32608-6302**

Mailing Address

**3929 SW 69TH AVE
GAINESVILLE FL 32608-5165**

2. Principal Place of Business

4400 Biscayne Boulevard

Suite, Apt. #, etc.

Attn: Carole I. Amster

3. Mailing Address

4400 Biscayne Boulevard

Suite, Apt. #, etc.

Attn: Carole I. Amster

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-2688020

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33137

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KASKEY, TIM W.
2610 N.W. 43RD STREET
SUITE 2A
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name

Gillespie, Carol J.

Street Address (P.O. Box Number is Not Acceptable)

4400 Biscayne Boulevard

City

Miami**FL**Zip Code
33137

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

*Carol J. Gillespie***Carol J. Gillespie****1/21/00**

Signature, typed or printed name of registered agent and title is 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, 2000 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

TITLE ☐ Delete**PST
BODOR, NICHOLAS
6219 S.W. 93RD AVENUE
GAINESVILLE FL**TITLE ☐ Delete**D
BODOR, NICHOLAS
6219 S.W. 93RD AVENUE
GAINESVILLE FL**TITLE ☐ Delete**D
KASKEY, TIM W.
2610 NW 43RD ST #2A
GAINESVILLE FL**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition**See Attached List**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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:*Marianne Hurd Nation*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Marianne Hurd Nation****1/14/00**
Date**305-575-6000**
Daytime Phone #