

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
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707060



DO NOT WRITE IN THIS SPACE

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
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City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 59-2688020	Applied For Not Applicable
Zip 33137	Country USA	Zip 33137	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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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, 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BODOR, NICHOLAS 6219 S.W. 93RD AVENUE GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached List
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODOR, NICHOLAS 6219 S.W. 93RD AVENUE GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASKEY, TIM W. 2610 NW 43RD ST #2A GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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