

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90185 002 ***150.00

DOCUMENT # K03112

1. Entity Name
PHARMACIST PREFERRED, INC.



Principal Place of Business
**3375 - I CAPITAL CIR NE
TALLAHASSEE FL 32308**

Mailing Address
**3375 - I CAPITAL CIR NE
TALLAHASSEE FL 32308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3019781**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FUCARINO, DAN
3375-I CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

Name

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **SD FUCARINO, DAN** ☐ Delete
STREET ADDRESS **1025 LAKE CARROLL WAY**
CITY-ST-ZIP **TAMPA FL**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME **FUCARINO, DAN**
STREET ADDRESS **3375-I CAPITAL CIRCLE, NE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE
NAME **D BURNSIDE, BOB** ☐ Delete
STREET ADDRESS **3375-I CAPITAL CIR NE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **BURNSIDE, ROBERT H.**
STREET ADDRESS **3375-I CAPITAL CIRCLE, NE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE
NAME **P TANNER MINCY, CYNTHIA** ☐ Delete
STREET ADDRESS **3375-I CAPITAL CIR NE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **D STAMITOLES, MIKE** ☒ Delete
STREET ADDRESS **2830 INVERNESS CT.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **PARKER, RON**
STREET ADDRESS **3375-I CAPITAL CIRCLE, NE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Secretary of State
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

656-0100

Date

Daytime Phone #

CR2E034 (10/02)