

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90076 035 ***150.00

DOCUMENT # K36411

1. Entity Name
J. L. FOLSOM ENTERPRISES, INC.



Principal Place of Business
**C/O JULIAN LAMAR FOLSOM, JR.
216 ORANGE RIDGE CIRCLE
LONGWOOD FL 32779-3029**

Mailing Address
**C/O JULIAN LAMAR FOLSOM, JR.
216 ORANGE RIDGE CIRCLE
LONGWOOD FL 32779-3029**



2. Principal Place of Business
MAITLAND PRESCRIPTION SHOPPE

3. Mailing Address

Suite # 493 St. Orlando Avenue
**Maitland, Florida 32751
(407) 539-1110**

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2909605**

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

**FOLSOM, JULIAN LAMAR, JR.
216 ORANGE RIDGE CIRCLE
LONGWOOD FL 32779**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FOLSOM, JULIAN LAMAR, JR**
STREET ADDRESS **216 ORANGE RIDGE CIR.**
CITY-ST-ZIP **LONGWOOD FL**

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

TITLE **D** ☐ Delete
NAME **FOLSOM, BARBARA S.**
STREET ADDRESS **216 ORANGE RIDGE CIR.**
CITY-ST-ZIP **LONGWOOD FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 Date **4075391110** Daytime Phone #

CR2E034 (10/02)