

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

UNIFORM BUSINESS REPORT

DOCUMENT # L15006

1. Entity Name

PHARMACY SOLUTIONS PLUS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 PM 3:10

Principal Place of Business

7200 N. 9TH AVENUE
PENSACOLA FL 32504

Mailing Address

% C. TERRY JONES, CPA
5910 GRELOT ROAD
MOBILE AL 36609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1408505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DAVIDSON, MERRILL
7200 N NINTH AVE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD ☐ Delete
NAME DAVIDSON, MERRILL
STREET ADDRESS 5399 WORTH DRIVE
CITY-ST-ZIP MOBILE AL 36619

TITLE STD ☐ Delete
NAME DAVIDSON, RUSSELL
STREET ADDRESS 12331 ASHTON ROAD
CITY-ST-ZIP MOBILE AL 36608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100004728701-5
STREET ADDRESS -12/17/01-01058-020
CITY-ST-ZIP *****550.00 *****550.00

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

334-607-0866
Daytime Phone #

CR2F034 (5/01)

2082

November 28, 2001

RE: Document # L15006

Marquitta Williams
Florida Department Of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Marquitta,

Per the conversation we had earlier today I am sending you the information about the check and 2001 UBR that were somehow separated. I have sent a replacement check for the original \$550.00. Please accept this as full payment and waive the late fees and penalties if possible.

I appreciate your help with this unusual situation. If you have any questions please call me at (251) 607-0726.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Davidson', with a large, stylized loop at the end.

Russell J. Davidson
CFO
Pharmacy Solutions Plus, Inc.