

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90272 046 ***150.00

0606240 AV

DOCUMENT # M99373

1. Entity Name
THE KING'S DRUGSTORE, INC.



Principal Place of Business
**409 SOUTH PARROTT AVE.
OKEECHOBEE FL 34974**

Mailing Address
**409 SOUTH PARROTT AVE.
OKEECHOBEE FL 34974**



2. Principal Place of Business

105 NW 5 Street

3. Mailing Address

105 NW 5 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

59-2930483

Applied For

Not Applicable

Zip

34972

Country

USA

Zip

34972

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KUHLEWIND, BLAIR L
490 NE 138 STREET
OKEECHOBEE FL 33497**

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. 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KUHLEWIND, BLAIR L.	
STREET ADDRESS	490 NE 138 STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENBOW, VERNA M.	
STREET ADDRESS	1367 SW 18 TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BENOW, THOMAS H.	
STREET ADDRESS	1367 SW 18 TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENBOW, THOMAS H.	
STREET ADDRESS	1367 SW 18 TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUHLEWIND, KAREN S	
STREET ADDRESS	490 NE 138TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Blair L. KUHLEWIND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

863-763-3222

Date

Daytime Phone #

CR2E034 (10/02)