2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000022849

1. Entity Name
ABC PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
2321 NW 66TH COURT BAY E-4 GAINESVILLE FL 32653	2321 NW 66TH COURT BAY E-4 GAINESVILLE FL 32653

2. Principal Place of Business	3. Mailing Address
4761 TIMBER RIDGE DRIVE	PO BOX 5481
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DOUGLASVILLE GA	City & State: GAINESVILLE GA
Zip: 30135 Country:	Zip: 32627 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3626955 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSHEW PAUL W
520 SOUTHPORT DRIVE
LONGWOOD FL
32750 US

7. Name and Address of New Registered Agent

Name: LITCHFIELD TINA M
Street Address (P.O. Box Number is Not Acceptable): 4044 NW 17TH TERRACE
City: GAINESVILLE FL Zip Code: 32605

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 TINA MARIE LITCHFIELD 01/19/2001
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, 2001 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANFORD KIMBERLY AMS. 4761 TIMBER RIDGE DRIVE DOUGLASVILLE GA 30135 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STRATFORD DANIEL SMR. 4761 TIMBER RIDGE DRIVE DOUGLASVILLE GA 30135 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Kimberly A. Stanford VP 01/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #