

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90030 048 ***150.00

DOCUMENT # P00000048133

1. Entity Name

CANASTOTA PHARMACY, INC.

Principal Place of Business

Mailing Address

698 WEST MACCLENNEY AVENUE
 MACCLENNEY FL 32063

698 WEST MACCLENNEY AVENUE
 MACCLENNEY FL 32063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3675756

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

WALKER, JAMES V
 217 PONTE VEDRA PARK DRIVE
 SUITE 200
 PONTE VEDRA BEACH FL 32082

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

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, 2002 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 D ☐ Delete
 NAME MOSKOWITZ, ROBERT
 STREET ADDRESS 698 WEST MACCLENNEY AVENUE
 CITY-ST-ZIP MACCLENNEY FL 32063

TITLE Sec./Treas ☐ Change ☒ Addition
 NAME Laura B. Jones
 STREET ADDRESS 698 West Macclenny Ave
 CITY-ST-ZIP Macclenny, FL 32063

TITLE D ☐ Delete
 NAME MOSKOWITZ, PAULINE
 STREET ADDRESS 698 WEST MACCLENNEY AVENUE
 CITY-ST-ZIP MACCLENNEY FL 32063

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 904-259-7800

Date

Daytime Phone #

CR2E034 (9/01)