

FILED

03 SEP 16 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000048133

1. Entity Name
CANASTOTA PHARMACY, INC.

Principal Place of Business: 608 WEST MACCLENNY AVENUE, MACCLENNY, FL 32063
Mailing Address: 608 WEST MACCLENNY AVENUE, MACCLENNY, FL 32063

3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Country: Zip: Country:

4. FEI Number: **58-3875758** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **WALKER, JAMES V
217 PONTE VEDRA PARK DRIVE
SUITE 200
PONTE VEDRA BEACH, FL 32092**

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: _____ DATE: _____

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS:		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE: <input checked="" type="checkbox"/> Director	NAME: MOSKOWITZ, ROBERT STREET ADDRESS: 608 WEST MACCLENNY AVENUE CITY-ST-ZIP: MACCLENNY, FL 32063	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: P/D Stephen Kwasnik STREET ADDRESS: 317 Hickok Ave., Syracuse, NY 13206
TITLE: <input checked="" type="checkbox"/> Director	NAME: MOSKOWITZ, PAULINE STREET ADDRESS: 608 WEST MACCLENNY AVENUE CITY-ST-ZIP: MACCLENNY, FL 32063	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input checked="" type="checkbox"/> Director	NAME: JONES, LAURA B STREET ADDRESS: 608 WEST MACCLENNY AVENUE CITY-ST-ZIP: MACCLENNY, FL 32063	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Director		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Director		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Director		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(1), Florida Statutes. I further certify that the information furnished on this report or supplemented report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the individual proprietor employed to prepare 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 for all other like employees.

SIGNATURE: _____ DATE: **9-9-03**

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CHECK HERE IF MAKING CHANGES

CREATED BY: [illegible]

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