

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90135 033 ***158.75

DOCUMENT # P01000015506

1. Entity Name
PILLCLOCK, INC.



Principal Place of Business
**1061 RIVERSIDE AVE
2ND FLOOR
JACKSONVILLE FL 32204**

Mailing Address
**7003 CATALONIA AVE.
JACKSONVILLE FL 32217**



2. Principal Place of Business

3. Mailing Address

**3030 Hartley Road
Suite 250**

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Zip
32257

Country
USA

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3697784

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

**GOLDSTEIN, FREDERIC S
7003 CATALONIA AVE
JACKSONVILLE FL 32217**

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

Frederic S. Goldstein President

03/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOLDSTEIN, FREDERIC S**
CITY-ST-ZIP **1061 RIVERSIDE AVE, 2ND FLOOR
JACKSONVILLE FL 32204**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOLDSTEIN, FLOYD R**
CITY-ST-ZIP **17720 RETRAC WAY
GRASS VALLEY CA 95949**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Frederic S. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/03
Date

904281-0006
Daytime Phone #

CR2E034 (10/02)