


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90057 020 ***550.00

DOCUMENT # P02000109870

1. Entity Name
PINE HILLS DRUGS, INC.



Principal Place of Business
3136 ATWATER DR.
ORLANDO FL 32825
FL

Mailing Address
3136 ATWATER DR.
ORLANDO FL 32825
FL

2. Principal Place of Business
5600 WEST COLONIAL DR
Suite, Apt. #, etc. 107

3. Mailing Address
5600 WEST COLONIAL DR
Suite, Apt. #, etc. 107

City & State ORLANDO FL

City & State ORLANDO FL

Zip 32808 **Country** USA

Zip 32808 **Country** USA

4. FEI Number 54-2077292

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

OKAFOR, FORSTER E
3136 ATWATER DR.
ORLANDO FL 32825

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]* FORSTER OKAFOR (PRESIDENT) **7/18/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OKAFOR, FORSTER E	
STREET ADDRESS	3136 ATWATER DR.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MBIONWU, CHIMEZIRI O	
STREET ADDRESS	3020 HARTLAND CT.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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		

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: *[Signature]* FORSTER OKAFOR **7/18/03** **407-380-9461**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)