

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 007 ***150.00

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1. Entity Name

CITY DRUGS-PORT ST. JOE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

528 FIFTH STREET

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 2240

Suite, Apt. #, etc.

City & State

PORT ST JOE, FL

City & State

PANAMA CITY, FL

Zip

32456

Country

USA

Zip

32402

Country

USA

4. FEI Number

59-3434158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **DONALD R. PARMER**

Street Address (P.O. Box Number is Not Acceptable)

909 KRISTANA DR.

City

PANAMA CITY

FL

Zip Code

32405

**DO NOT WRITE
IN THIS SPACE**

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 **DONALD R. PARMER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARMER, DONALD R. 909 KRISTANA DR. PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, GARY H. 3217 COUNTRY CLUB DR. LYNN HAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

DONALD R. PARMER

3/31/02

Date

850-914-2692

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)