

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90714 041 ***150.00

DOCUMENT # P97000058020
1. Entity Name
JEROME ZABLE PHARMACIST-CONSULTANT SERVICES, INC



Principal Place of Business
**3407 TRENTWOOD BLVD
ORLANDO FL 32812
US**

Mailing Address
**3407 TRENTWOOD BLVD
ORLANDO FL 32812
US**



2. Principal Place of Business
**313 Jennie Jewel dr.
Orlando, FL 32806**

3. Mailing Address
**313 Jennie Jewel dr.
Orlando, FL 32806**

CHECK HERE IF MAKING CHANGES

ADDRESS ONLY

4. FEI Number **59-3457651**

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

**ZABLE, JEROME E
3407 TRENTWOOD BLVD
ORLANDO FL 32812**

Name
Street Address (P.O. Box Number is Not Acceptable)
**313 Jennie Jewel dr.
Orlando, FL 32806**
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

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 **PST ZABLE, JEROME E**
STREET ADDRESS **3407 TRENTWOOD BLVD**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
NAME **313 Jennie Jewel dr.**
STREET ADDRESS **Orlando, FL 32806**
CITY-ST-ZIP

TITLE Delete
NAME **VP ZABLE, JEROME E**
STREET ADDRESS **3407 TRENTWOOD BLVD**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
NAME **313 Jennie Jewel dr.**
STREET ADDRESS **Orlando, FL 32806**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)