

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90159 013 ***150.00

DOCUMENT # P99000091325

1. Entity Name

The Pharmacy Group, Inc.

Principal Place of Business

105 Marsh Cove Dr.
Ponte Vedra Beach, FL
32082

Mailing Address

PMB 122
226-5 Solana Rd.
Ponte Vedra Beach, FL 32082

2. Principal Place of Business

3. Mailing Address

PMB 122

Suite, Apt. #, etc.

105 Marsh Cove Dr

Suite, Apt. #, etc.

226-5 Solana Rd.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

59-3607201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0057088

6. Name and Address of Current Registered Agent

Linda L. McGinness
105 Marsh Cove Dr
Ponte Vedra Beach, FL 32082

7. Name and Address of New Registered Agent

Name
Linda L. McGinness
Street Address (P.O. Box Number is Not Acceptable)
105 Marsh Cove Dr.
City Ponte Vedra Beach FL Zip Code 32082

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 Linda L. McGinness (President) Linda L. McGinness

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

(NOTE: Registered Agent signature required when reinstating)

4/17/01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Linda L. McGinness
105 Marsh Cove Dr.
Ponte Vedra Beach, FL 32082

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda L. McGinness Linda L. McGinness 4/17/01 904/543/8494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (President) Date Daytime Phone #

CR2E034 (11/00)