

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90449 043 ***150.00

0023144 AV

DOCUMENT # S16912

1. Entity Name
MONTICELLO DRUG COMPANY



Principal Place of Business
**1604 STOCKTON ST.
JACKSONVILLE FL 32207**

Mailing Address
**1604 STOCKTON ST.
JACKSONVILLE FL 32207**

11001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3039310**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**ROBERTS, WILLIAM R
1604 STOCKTON ST.
JACKSONVILLE FL 32204**

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 William R. Roberts **WILLIAM R. ROBERTS** **4-4-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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 **PD DEAN, HENRY E III**
STREET ADDRESS **1604 STOCKTON STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE Change Addition
NAME **VP RUSSELL, ROBERT B**
STREET ADDRESS **1604 STOCKTON STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE Delete
NAME **VD DEAN, THOMAS D.S.**
STREET ADDRESS **1604 STOCKTON ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **STD ROBERTS, WILLIAM R**
STREET ADDRESS **1604 STOCKTON STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CD CUMMINS, ELOISE**
STREET ADDRESS **1604 STOCKTON ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE Change Addition
NAME **D CUMMINS, ELOISE A.**
STREET ADDRESS **1604 STOCKTON ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE Delete
NAME **D ROBERTS, FRANK T**
STREET ADDRESS **3309 US HIGHWAY 84 W**
CITY-ST-ZIP **VALDOSTA GA 31601**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D DEAN, CLARENCE A**
STREET ADDRESS **1604 STOCKTON STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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: William R. Roberts **WILLIAM R. ROBERTS** **4/4/03** **904-381-3666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)