2003 FOR PROFIT CORPORATION
"UNIFORM BUSINESS REPORT (UBR)

1000

DOCUMENT #

F02000002517

1. Entity Name

Huckaby Pharmacal, Inc.

FILED

04 FEB 24 PM 2:55

Principal Place of Business SER COLD IASRAME RAD LOUISVILE KY 40245 2. Principal Place of Business Subs. April #, etc. Subs.										J.7 (111 4-1	U ()
Suite, Apr. # ctc Cry & State Country C. Country C. Country S. Conficace of Status Desired Set Applied For Not Ap	6316 OLD LAG	GRANGE ROAD	11802 BRINLEY AVE., SUITE 601				0						
City & State	2. Principal P	lace of Busines	3. Mailing Address						16111 11111 61111 01 			1 46 114 1 116 1	
Zip Country Zip Country S. Certificate of Status Desired S. 5. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					reins	MAL	Men	CHAIGES	3-04 NE	
Second S	City & State	e	City & State				4. FEI Number	61-1185441					
C T, CORPORATION SYSTEM_ 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 socient the obligations of registered agent. SIGNATURE **SIGNATURE** **Bignature, froot or printed orace of registered agent.** **PILE NOW!!! FEE IS \$150.00 **After May 1, 2003 Fee will be \$550.00 **Make Check Payabols to Florida Department of State 10. **OFFICERS AND DIRECTORS 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PILESSER, WARREN P** 1802 BRINLEY AVE., SUITE 201 1001/SVILE RY 40243 1014 STREET AUGRESS 1102 BRINLEY AVE., SUITE 201 1016 Delete 1016 Delete 1017 ST. 2P 1016 Delete 1017 ST. 2P 1016 TITLE **MARE** **SIRRET AUGRESS* 1017 ST. 2P 1016 Delete 1017 ST. 2P 1016 Delete 1018 MARE 1018 SIRRET AUGRESS 1017 ST. 2P 1018 AGGION 1018 AGGI	Zip		Country	Zip Cou			try		5. Certificate of S	tatus Desired		\$8.75 Add	litional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Number is Not Acceptable) Street Address (P.O. Box Number is					7. Name and Add	dress of New F	Registered	Agent					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Number is Not Acceptable) Street Address (P.O. Box Number is	Name												
PLANTATION FL 33324 STEET ADDRESS CHARGES CHARGE	C T CORP	ORATION SY	STEM.	رين - منتيج	بند بندمه مجريج								
PLANTATION FL 33324 03/24/04-01005-009				Street Addre									
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. Signiful in type of printed name of registered agent and tibil it applicable. (NOTE: Registered Agent agratuse moultes when remaining) After May 1, 2005 Fee will be \$550.00 TILE 10. CPRICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE 10. SPECIAL ADDRESS 10. SPEC													
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obtiligations of registered agent. Signume, tried to printed name of implaced agent and this if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. COFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRETA ADDRESS CITY-ST-2P LOUISVILLE KY 40243 TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRETA ADDRESS CITY-ST-2P LOUISVILLE KY 40243 TITLE Delete TITLE Delete TITLE NAME SIRETA ADDRESS CITY-ST-2P TITLE NAME SIRETA ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME SIRETA ADDRESS CITY-ST-2P TITLE NAME SIRETA ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRETA ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIRETA ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME SIRETA ADDRESS CITY-ST-2P TITLE Delete TIT		•		_					03/ 24/ 0	401002.			
SIGNATURE Signature types or primet name of registered agent and title if applicable (NOTE: Registered Agent signature required who en reintalization) DATE							City				FL	Zip Code	•
Signature, prode or printed range of progressing and rand talk if applicable. (NOTE: Registance Agent signature excelled when invested by a per library of the product of t													
After May 1, 2003 Fee will be \$550.00 May Be so Make Check Payable to Florida Department of State 10.													
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00							_					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP	10. e		OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
NAME SIREET ADDRESS CITY-ST-ZIP INDUSVILLE KY 40243 ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS STREET ADDRES		P				_					-		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		LESSER, WA	rren P		Boioto		l l		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10305	616	38	
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET	STREET ADDRESS	11802 BRINL	EY AVE., SUITE 201			STRE	ET ADDRESS		03/24/04	+UIUU5-	UIU	**55U.U	וֹ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	CITY-ST-ZIP	LOUISVILLE	KY 40243			CITY	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	TITLE	s	 	_	☐ Delete	TITLE			- · · · · · · · · · · · · · · · · · · ·			☐ Change	□ Addition
STREET ADDRESS CITY-ST-ZIP LOUISVILLE KY 40243 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE		_	NESQ.				l l						
TITLE	STREET ADDRESS					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CITY-ST-ZIP					CITY	ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE	<u> </u>	<u></u>		Delete	TITLE						□ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME	-	• • •			1	I		•	. =	•		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	STREET ADDRESS	i				STRE	ET ADDRESS					A. P*	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP					CITY	SI-ZIP	-			د د چینوشسرو		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE				☐ Delete	TITLE						☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS													}
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS													
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP					CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS					Delete							☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS													
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS													
NAME STREET ADDRESS STREET ADDRESS	CHY-ST-ZIP					CITY	-SI-ZIP						
STREET ADDRESS STREET ADDRESS					Delete		I					☐ Change	☐ Addition
UIT-51-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		L											

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03

502 274 5552

Daytime Phone #

HZEU34 (10/0Z)



11802 Brinley Ave., Ste. 297 Louisville, KY 40243 Office: (502) 254-5552 (888) 206-5525 Fax: (502) 254-9279 E-mail: sales@magnaweb.com www.magnaweb.com

February 20, 2004

Florida Department of State Attn: Kathy Ashton 409 East Gaines Street Tallahassee, FL 32399

Reference Number F02000002517

Ms Ashton:

Per our conversation this morning I am requesting a waiver of the reinstatement fee for the Huckaby Pharmacal, Inc. 2003 UBR filing. We received the original UBR form and filed it timely and did not receive the follow up letter from Justin Shriver referenced by Louise Jackson on February 18, 2004. This letter that was to notify us of the pending revocation of Huckaby Pharmacal apparently went to an incorrect address.

I have enclosed the check for the 2004 filing per your instructions and believe this is all that is needed to complete the UBR filings, as well as, the change of the corporate name. Please feel free to contact me at the above address or telephone number if there is any further information or documentation needed to complete this process.

I appreciate your help in clarifying the process and filing requirements for me and look forward to continuing a business relationship with the state of Florida.

Sincerely,

Michele Shiley VP Finance