

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1022  
0647050 AT

DOCUMENT # F02000002517  
1. Entity Name  
**Huckaby Pharmacal, Inc.**



FILED  
04 FEB 24 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6316 OLD LAGRANGE ROAD  
CRESTWOOD KY 40014

Mailing Address  
11802 BRINLEY AVE., SUITE 601  
LOUISVILLE KY 40243

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



**REINSTATEMENT** 03-04-100

4. FEI Number 61-1185441  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C. T. CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**800030961638**  
03/24/04--01005--009 \*\*150.00  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LESSER, WARREN P</b> 11802 BRINLEY AVE., SUITE 201 LOUISVILLE KY 40243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FOLEY, IRVIN ESQ.</b> 11802 BRINLEY AVE., SUITE 201 LOUISVILLE KY 40243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800030961638</b> 03/24/04--01005--010 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Warren P. Lesser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Warren P. Lesser**  
Date **2/1/03** Daytime Phone # **502 274 5552**

CR2E034 (10/02)

**MAGNA**  
Pharmaceuticals, Inc.  
*Accountability.*

2003  
11802 Brinley Ave., Ste. 201  
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