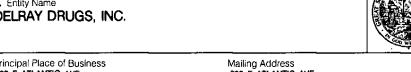
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name

224900

DELRAY DRUGS, INC.





## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90923 016 \*\*\*150.00

Principal Place of Business 900 E ATLANTIC AVE DELRAY BEACH FL 33483		900 E	Mailing Address 900 E ATLANTIC AVE DELRAY BEACH FL 33483						
			-		1				
2. Principal Place of Business			3. Mailing Address .					IOM DIBIL DIBIL DE	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			<b>4</b> . F	FEI Number <b>59-0870554</b>		Applied For Not Applicable
Zip	Country	Zip		Country		5. (	Certificate of Status Desired	\$8.75 /	Additional
	6. Name and Address of Curren	t Registere	ed Agent		معنى حين رسيد	~7. N	Name and Address of New Registe	red Agent	
MAINING ED BIOLIA DO					Name				
WINKLER,RICHARD 900 E. ATLANTIC AVE.			Street Address			(P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33483-3954									
				City				FL Zip C	ode
8. The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.					or registere	ed age		<u> </u>	th, and accept
the obligat	alona or registered agent.								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if app	olicable. (NOTE: F	tegistered Agent sign	ature required	when re	pinstating) D	ATE	
, F	ILE NOW!!! FEE IS \$150.00								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							S. Election Campaign Financing     Trust Fund Contribution.		.00 May Be led to Fees
10.	OFFICERS AND	PRS	3 11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 11	
TITLE	PT DICHARD		Delete	TITLE				☐ Chang	e 🗌 Addition
NAME TO STREET ADDRESS	WINKLER, RICHARD   920 N W FIRST ST		ŕ	NAME STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33444			CITY-ST-ZIP					
TITLE	VS	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	"		<del></del>	☐ Chang	e 🔲 Addition
NAME	WINKLER, NANCY			NAME				•	
STREET ADDRESS CITY-ST-ZIP	920 N W FIRST ST DELRAY BEACH FL 33444			STREET ADDRESS CITY-ST-ZIP	1				
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TITLE NAME			☐ Delete	TITLE NAME				☐ Chang	e Addition
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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TITLE			☐ Delete	TITLE				CJ Chooo	Addition
NAME .			∟ Delete	NAME				☐ Chang	e
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				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.

561-276-7416

CR2E034 (10/02)