

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583828

1. Entity Name

HARRINGTON'S PROFESSIONAL ARTS PHARMACY, INC.

Principal Place of Business

Mailing Address

848 1ST AVE. N.
NAPLES FL 34102-6063
US

848 1ST AVE. N.
NAPLES FL 34102-6013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

012100



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1839808

Applied For
Not Applicable

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

HAYES, SUSAN E
4005 GULF SHORE BLVD #905
NAPLES FL 34103

Name HAYES, SUANN E
Street Address (P.O. Box Number is Not Acceptable)
4005 GULF SHORE BLVD N
~~3641 CLUBGATE DR~~ APT. 905
City ~~FT WORTH~~ NAPLES FL Zip Code 34103

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HAYES, SUANN E.
STREET ADDRESS 4005 GULF SHORE BLVD #905
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

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 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

Date

Daytime Phone #

2/1/00

941-262-1302