

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90156 018 ***150.00

DOCUMENT # 627463

1. Entity Name

OCEAN SIDE PHARMACY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1118 COLONNADES DRIVE

3. Mailing Address
1118 COLONNADES DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT PIERCE FL

City & State
FT PIERCE FL

4. FEI Number
59-1913520

Applied For
Not Applicable

Zip
34949

Country
USA

Zip
34949

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SESKIN, LARRIE

Street Address (P.O. Box Number is Not Acceptable)
601 S.E. DAR LANE

City
PORT ST. LUCIE

FL Zip Code
34984

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SESKIN, LARRIE 601 S.E. DAR LANE PORT ST. LUCIE FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SESKIN, KIM 601 S.E. DAR LANE PORT ST. LUCIE FL 34984
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LARRIE SESKIN LARRIE SESKIN 4/26/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #