

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90003 021 ***150.00

DOCUMENT # 627463

1. Entity Name
OCEAN SIDE PHARMACY, INC.



Principal Place of Business
**1118 COLONADES DRIVE
FT PIERCE FL 34949**

Mailing Address
**1118 COLONADES DRIVE
FT PIERCE FL 34949**



2. Principal Place of Business
1118 COLONADES DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1118 COLONADES DR
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PORT PIERCE, FL
Zip
34949
Country
USA

City & State
PORT PIERCE, FL
Zip
34949
Country
USA

4. FEI Number
59-1913520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SESKIN, LARRIE
601 S.E. DAR LANE
PORT ST. LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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 PD	<input type="checkbox"/> Delete
NAME SESKIN, LARRIE	
STREET ADDRESS 601 S.E. DAR LANE	
CITY-ST-ZIP PORT SAINT LUCIE FL 34984	
TITLE VSTD	<input type="checkbox"/> Delete
NAME SESKIN, KIM	
STREET ADDRESS 601 S.E. DAR LANE	
CITY-ST-ZIP PORT SAINT LUCIE FL 34984	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 addendum with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 772-465-1118
Date Daytime Phone #

CR2E034 (10/02)