

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827621

1. Entity Name

CLARKMAR DRUG CORPORATION

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90016 042 ***150.00

Principal Place of Business

Mailing Address

100 W 10TH ST
WILMINGTON DE 19801-1610

100 W 10TH ST
WILMINGTON DE 19801-6603

2. Principal Place of Business

3. Mailing Address

1610 FISKE BLVD

1610 FISKE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ROCKLEDGE FL

ROCKLEDGE FL

Zip

Country

Zip

Country

32955

BREVARD

32955

BREVARD

4. FEI Number

75-1158119

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

RAY, DAVID C.
1610 FISKE BLVD.
ROCKLEDGE FL 32955

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID C. RAY
David C Ray President

2-10-00

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 RAY, DAVID C
STREET ADDRESS 1407 ROCKLEDGE DR
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

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

TITLE VD
NAME RAY, CYRUS B
STREET ADDRESS 525 ROCKLEDGE DR
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

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

TITLE STD
NAME RAY, FRANCES A
STREET ADDRESS 1407 ROCKLEDGE DR
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 12 if 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

DAVID C RAY
President

2/10/00

Date

321 632-9495

Daytime Phone #

CR2E034 (9/99)