

# 2001 UNIFORM BUSINESS REPORT (UBR)

0572230

DOCUMENT # 851730

1. Entity Name  
**BIG B, INC.**

FILED  
SECRETARY OF STATE  
JANUARY 11 2001

01 APR 30 AM 11:14

Principal Place of Business  
**ONE CVS DR  
WOONSOCKET RI 02895  
US**

Mailing Address  
**ONE CVS DR  
LEGAL DEPT  
WOONSOCKET RI 02895  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0632551**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

(NOT)

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!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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** ☒ Delete  
NAME **CONAWAY, CHARLES C**  
STREET ADDRESS **ONE CVS DR**  
CITY-ST-ZIP **WOONSOCKET RI 02895**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Thomas Ryan**  
STREET ADDRESS **One CVS Drive**  
CITY-ST-ZIP **Woonsocket, RI 02895**

TITLE **VPSD** ☐ Delete  
NAME **LANKOWSKY, ZENON P**  
STREET ADDRESS **ONE CVS DR**  
CITY-ST-ZIP **WOONSOCKET RI 02895**

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

TITLE **T** ☐ Delete  
NAME **SOLBERG, LARRY D**  
STREET ADDRESS **ONE CVS DR**  
CITY-ST-ZIP **WOONSOCKET RI 02895**

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

TITLE **AS** ☐ Delete  
NAME **LUKER, MELANIE K**  
STREET ADDRESS **ONE CVS DR**  
CITY-ST-ZIP **WOONSOCKET RI 02895**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Melanie K. Luker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Melanie K. Luker, Assistant Secretary**  
**(401) 770-3565**

Date

Daytime Phone #

CR2E034 (10/00)