

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A05207**

1. Entity Name  
**PHARMACY BUILDING, LTD.**



FILED

03 MAR 23 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**8001 N. DALE MABRY  
SUITE 101-A  
TAMPA FL 33614**

Mailing Address  
**8001 N. DALE MABRY  
SUITE 101-A  
TAMPA FL 33614**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-1727220**

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

**WEGMAN, W.J.  
8001 N. DALE MABRY HWY.  
#101-A  
TAMPA FL 33614**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$23,740.61**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **675439**  
NAME **WEGMAN ASSOCIATES, INC.**  
STREET ADDRESS **8001 N. DALE MABRY HWY. STE 101-A**  
CITY-ST-ZIP **TAMPA FL**

STREET ADDRESS

CITY-ST-ZIP

**500013286375**  
**03/03/03--01004--024 \*\*263.68**

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**Wegman ASSOCIATES, INC., by TERRY CHASTAIN, President**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/5/03**

**(813) 933-7418**

CR2E003 (10/02)