

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002688

1. Entity Name

PCS MAIL SERVICES OF FT. WORTH, INC.

DBA AdvanceRx.com

Principal Place of Business

Mailing Address

2105 EAGLE PARKWAY  
FORT WORTH TX 76177  
US

2105 EAGLE PARKWAY  
FORT WORTH TX 76177

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 75-2653427

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

C T CORPORATION SYSTEM  
1200 SOUTH 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.

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 MILLON, JEAN-PIERRE  
STREET ADDRESS 9501 EAST SHEA BLVD  
CITY-ST-ZIP SCOTTSDALE AZ

TITLE PD ☒ Change ☐ Addition  
NAME Phil L. Pearce  
STREET ADDRESS 9501 E. Shea Blvd  
CITY-ST-ZIP Scottsdale, AZ 85260

TITLE TD ☒ Delete  
NAME GARRITY, THOMAS J  
STREET ADDRESS 9501 EAST SHEA BLVD  
CITY-ST-ZIP SCOTTSDALE AZ

TITLE ~~XXX~~ VP ☒ Change ☐ Addition  
NAME T. Danny Phillips  
STREET ADDRESS 5215 N.O'Connor Blvd. #1600  
CITY-ST-ZIP Irving, TX 75039-3742

TITLE SD ☒ Delete  
NAME DE MARS, SUSAN  
STREET ADDRESS 9501 EAST SHEA BLVD  
CITY-ST-ZIP SCOTTSDALE AZ 85260

TITLE Sec ☒ Change ☐ Addition  
NAME Samantha Brown  
STREET ADDRESS 9501 E. Shea Blvd.  
CITY-ST-ZIP Scottsdale, AZ 85260

TITLE V ☒ Delete  
NAME MAVROGORDATO, J M  
STREET ADDRESS 9501 EAST SHEA BLVD  
CITY-ST-ZIP SCOTTSDALE AZ

TITLE D ☒ Change ☐ Addition  
NAME David A. George  
STREET ADDRESS 9501 E. Shea Blvd.  
CITY-ST-ZIP Scottsdale, AZ 85260

TITLE S ☒ Delete  
NAME SPENCER, NATALIE  
STREET ADDRESS 9501 E SHEA BLVD  
CITY-ST-ZIP SCOTTSDALE AZ 85260

TITLE Treas ☒ Change ☐ Addition  
NAME Greg Gierwielanec  
STREET ADDRESS 9501 E. Shea Blvd.  
CITY-ST-ZIP Scottsdale, AZ 85260

TITLE PD ☒ Delete  
NAME VORIS, JOHN  
STREET ADDRESS 9501 E. SHEA BLVD  
CITY-ST-ZIP SCOTTSDALE AZ 85260

TITLE Asst. ☒ Change ☒ Addition  
NAME Sec Laurel Wala  
STREET ADDRESS 9501 E. Shea Blvd.  
CITY-ST-ZIP Scottsdale, AZ 85260

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: *Samantha Brown*

Samantha Brown

04/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)