

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000003891**

1. Entity Name

**PCS MAIL SERVICES OF BIRMINGHAM, INC.**

DBA AdvanceRx.com

Principal Place of Business

Mailing Address

**9501 E. SHEA BLVD. - MC024  
SCOTTSDALE AZ 85260****9501 E. SHEA BLVD. - MC024  
SCOTTSDALE AZ 85260**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **63-1222539**

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	<input checked="" type="checkbox"/> Delete
NAME	VORIS, JOHN N	
STREET ADDRESS	9117 EAST FOOTHILLS DRIVE	
CITY-ST-ZIP	SCOTTSDALE AZ 85255	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil L. Pearce	
STREET ADDRESS	9501 E. Shea Blvd.	
CITY-ST-ZIP	Scottsdale, AZ 85260	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SCHAUER, IRVING	
STREET ADDRESS	12536 NORTH 136TH PLACE	
CITY-ST-ZIP	SCOTTSDALE AZ 85259	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. Danny Phillips	
STREET ADDRESS	5215 N. O'Connor Blvd. #1600	
CITY-ST-ZIP	Irving, TX 75039-3742	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, MARSHA	
STREET ADDRESS	8429 EAST YEARLING ROAD	
CITY-ST-ZIP	SCOTTSDALE AZ 85255	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Gierwielanec	
STREET ADDRESS	9501 E. Shea Blvd.	
CITY-ST-ZIP	Scottsdale, AZ 85260	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JAY	
STREET ADDRESS	931 EAST GOLDENROD STREET	
CITY-ST-ZIP	PHOENIX AZ 85048-6363	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samantha Brown	
STREET ADDRESS	9501 E. Shea Blvd.	
CITY-ST-ZIP	Scottsdale, AZ 85260	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David A. George	
STREET ADDRESS	9501 E. Shea Blvd.	
CITY-ST-ZIP	Scottsdale, AZ 85260	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

4/15/01

(480) 614-7274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)