

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J86650

FILED
Sep 03, 2002
Secretary of State

Entity Name: BI WISE DRUGS, INC.

Current Principal Place of Business:

% STUART H. KAMINSKY
3101 STATE ROAD 580, SUITE A
SAFETY HARBOR, FL 34695

Current Mailing Address:

% STUART H. KAMINSKY
3101 STATE ROAD 580, SUITE A
SAFETY HARBOR, FL 34695

New Principal Place of Business:

% DAVID A. CORBIN
3101 STATE ROAD 580, SUITE A
SAFETY HARBOR, FL 34695

New Mailing Address:

% DAVID A. CORBIN
3101 STATE ROAD 580, SUITE A
SAFETY HARBOR, FL 34695

FEI Number: 59-2845297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMINSKY, STUART H
3101 STATE ROAD 580
SUITE A
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

CORBIN, DAVID A
3101 STATE ROAD 580
SUITE A
SAFETY HARBOR, FL 34695 US

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: DAVID A. CORBIN

09/03/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAMINSKY, STUART H
Address: 3101 S.R. 580, STE. A
City-St-Zip: SAFETY HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORBIN, DAVID A
Address: 3101 S.R. 580, STE. A
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. CORBIN

D

09/03/2002

Electronic Signature of Signing Officer or Director

Date