

# 2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017376

1. Entity Name

CVS TAMPA 3650, L.L.C.

Principal Place of Business

4208 DOUGLAS BLVD., STE. 300  
GRANITE BAY CA 95748

Mailing Address

4208 DOUGLAS BLVD., STE. 300  
GRANITE BAY CA 95748

2. Principal Place of Business

One CVS Drive

Suite, Apt. #, etc.

Legal Dept

City & State

Woonsocket RI

Zip

02895

Country

3. Mailing Address

One CVS Drive

Suite, Apt. #, etc.

Legal Dept

City & State

Woonsocket RI

Zip

02895

Country

4. FEI Number

68-0484048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MEMBER** ☐ Delete  
STREET ADDRESS **CVS NEW YORK INC.**  
CITY-ST-ZIP **ONE CVS DRIVE**  
**WOONSOCKET RI 02895**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Indanice K. Luker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-25-02

Date

401-770 3565

Daytime Phone #

DO NOT WRITE IN THIS SPACE

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90196 030 \*\*\*\*50.00

CR2E083 (9/01)