

2001 UNIFORM BUSINESS REPORT (UBR)

0823826

DOCUMENT # L90319

1. Entity Name

THE BOCA APOTHECARY, INC.

Principal Place of Business

2200 WEST GLADES ROAD
SUITE 107
BOCA RATON FL 33431-7346

Mailing Address

6346-65 LANTANA RD.
SUITE 27-D
LAKE WORTH FL 33463
US

2. Principal Place of Business

3. Mailing Address

5458 Town Center Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33486

Country

US

Zip

Country

4. FEI Number 65-0210314

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

TREESE, JEFF VAN
515 N. FLAGLER
SUITE 1450
W. PALM BEACH FL 33401

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	D	<input type="checkbox"/> Delete
NAME	LUMB, WILFRED	
STREET ADDRESS	2200 W. GLADES RD., #107	
CITY-ST-ZIP	BOCA RATON FL	See above
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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-02/02/01--01037--001
****200.00 ****150.00

SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1/15/01

Daytime Phone #

561-967-0161

CR2E034 (10/00)

FILED

01 FEB 22 AM 05 5 2001

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE