

2001 UNIFORM BUSINESS REPORT (UBR)

0572288

DOCUMENT # P00000015970

1. Entity Name
ORLANDO CVS, INC.

FILED
SECRETARY OF STATE
01 APR 30 PM 2:40



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ONE CVS DR.
WOONSOCKET RI 02895

Mailing Address
ONE CVS DR.
WOONSOCKET RI 02895

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
59-3656599

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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!
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 ☒ Delete
NAME CONAWAY, CHARLES C
STREET ADDRESS ONE CVS DR.
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE D ☒ Change ☐ Addition
NAME Thomas Ryan
STREET ADDRESS One CVS Drive
CITY-ST-ZIP Woonsocket, RI 02895

TITLE D ☒ Delete
NAME NELSON, DANIEL C
STREET ADDRESS ONE CVS DR.
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE ☐ Change ☐ Addition
NAME **700004212687-001**
STREET ADDRESS -05/11/01--01122--001
CITY-ST-ZIP **10050.00 ****150.00

TITLE D ☐ Delete
NAME LANKOWSKY, ZENON P
STREET ADDRESS ONE CVS DR.
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE ☒ Addition
NAME D/VP/S Zenon P. Lankowsky
STREET ADDRESS One CVS Dr Woonsocket RI 02895

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Addition
NAME T Larry D. Solberg
STREET ADDRESS One CVS Dr Woonsocket RI 02895

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Addition
NAME AS Melanie K. Luker
STREET ADDRESS One CVS Dr Woonsocket RI 02895

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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

Melanie K. Luker, Assistant Secretary
(401) 770-3565

4-13-01

CR2E034 (10/00)