

# 2001 UNIFORM BUSINESS REPORT (UBR)

0572268

DOCUMENT # P00000015970

1. Entity Name  
ORLANDO CVS, INC.

FILED  
SECRETARY OF STATE  
01 APR 30 PM 2:40

Principal Place of Business: ONE CVS DR. WOONSOCKET RI 02895  
Mailing Address: ONE CVS DR. WOONSOCKET RI 02895



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip

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  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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: \_\_\_\_\_ (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.  **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	
TITLE: D NAME: CONAWAY, CHARLES C STREET ADDRESS: ONE CVS DR. CITY-ST-ZIP: WOONSOCKET RI 02895	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: NELSON, DANIEL C STREET ADDRESS: ONE CVS DR. CITY-ST-ZIP: WOONSOCKET RI 02895	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: LANKOWSKY, ZENON P STREET ADDRESS: ONE CVS DR. CITY-ST-ZIP: WOONSOCKET RI 02895	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: Thomas Ryan STREET ADDRESS: One CVS Drive CITY-ST-ZIP: Woonsocket, RI 02895	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D/VP/S NAME: Zenon P. Lankowsky STREET ADDRESS: One CVS Dr CITY: Woonsocket RI 02895	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: Larry D. Solberg STREET ADDRESS: One CVS Dr CITY: Woonsocket RI 02895	<input checked="" type="checkbox"/> Addition
TITLE: AS NAME: Melanie K. Luker STREET ADDRESS: One CVS Dr CITY-ST: Woonsocket RI 02895	<input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Melanie K. Luker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01  
Melanie K. Luker, Assistant Secretary  
(401) 770-3565

CR2E034 (10/00)