

# 2002<sup>1</sup> UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016798

1. Entity Name  
REVCO, INC.

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90162 032 \*\*\*150.00

Principal Place of Business

3615 CENTURY BLVD  
STE 1  
LAKELAND FL 33811

Mailing Address

3615 CENTURY BLVD  
STE 1  
LAKELAND FL 33811

2. Principal Place of Business

1818 Harden Blvd

3. Mailing Address

1818 Harden Blvd

Suite, Apt. #, etc.  
a/c 211

Suite, Apt. #, etc.

City & State

Lakeland, Fl.

City & State

Lakeland, Fl.

4. FEI Number

59-3631566

Applied For

Not Applicable

Zip

33803

Country

Polk

Zip

33803

Country

Polk

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

AYERS, RONALD  
3615 CENTURY BLVD  
STE  
LAKELAND FL 33811

Name

Street Address (P.O. Box Number is Not Acceptable)

1818 Harden Blvd.

Lakeland, Fl. 33803

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, 2002 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 P ☐ Delete  
NAME AYERS, RONALD  
STREET ADDRESS 3615 CENTURY BLVD STE 1  
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1818 Harden Blvd.  
CITY-ST-ZIP Lakeland, Fl. 33803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

4/29/02

863/802-9355

Date

Daytime Phone #

CR2E034 (9/01)