

# 2001 UNIFORM BUSINESS REPORT (UBR)

0572253

DOCUMENT # P00000027235

1. Entity Name  
PEMBROKE PINES CVS, INC.

FILED  
SECRETARY OF STATE  
01 APR 30 AM 9:19

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

65-1001998

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 reinstalling)

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  
Make Check Payable to Department of State

**FEE IS \$150.00**  
Fee will be \$550.00  
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 ☒ Change ☐ Addition  
NAME Thomas M. Ryan  
STREET ADDRESS One CVS Drive  
CITY-ST-ZIP Woonsocket RI 02895

TITLE D ☐ Delete  
NAME ZIGERELLI, LARRY J  
STREET ADDRESS ONE CVS DR.  
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE ☐ Change ☐ Addition  
NAME 000004212650--8  
STREET ADDRESS -05/11/01--0112--001  
CITY-ST-ZIP \*\*10050.00 \*\*\*\*150.00

TITLE D ☒ Delete  
NAME LANKOSKY, LARRY P  
STREET ADDRESS ONE CVS DR.  
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE ☒ Change ☐ Addition  
NAME Zenon P. Lankowsky  
STREET ADDRESS One CVS Drive  
CITY-ST-ZIP Woonsocket RI 02895

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 T Larry D. Solberg  
STREET ADDRESS One CVS Dr Woonsocket RI 02895  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME AS Melanie K. Luker  
STREET ADDRESS One CVS Dr Woonsocket RI 02895  
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 no 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

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

Date

Daytime Phone #

CR2E034 (10/00)