

# 2001 UNIFORM BUSINESS REPORT (UBR)

0872210

**DOCUMENT # P00000044406**

1. Entity Name  
**ATLANTIC BLVD CVS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 AM 9:42

Principal Place of Business <b>ONE CVS DR WOONSOCKET RI</b>	Mailing Address <b>ONE CVS DR WOONSOCKET RI</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>65-1022049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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)  
**100004212661--4**

City \_\_\_\_\_

Zip Code **FL**

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.)

DATE \_\_\_\_\_ (Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!**  
After MAY 1, 2001  
Make Check Payable to Department of State

**FEE IS \$150.00**  
Fee will be **\$550.00**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONAWAY, CHARLES C</b> <b>ONE CVS DR</b> <b>WOONSOCKET RI</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, DANIEL C</b> <b>ONE CVS DR</b> <b>WOONSOCKET RI</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANKOWSKY, ZENON P</b> <b>ONE CVS DR</b> <b>WOONSOCKET RI</b> <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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

**Melanie K. Luker, Assistant Secretary**  
**(401) 770-3565**  
Date: **4-13-01**  
Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)

**AD**