

2001 UNIFORM BUSINESS REPORT (UBR)

0572222

DOCUMENT # P00000068783

1. Entity Name
27TH AVENUE CVS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES

01 APR 30 AM 9:33

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1043257

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

(NOT) 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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RYAN, THOMAS M
ONE CVS DR
WOONSOCKET RI 02895 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P Thomas M. Ryan
One CVS Dr Woonsocket RI 02895 ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004212860
-05/11/01 -01122--001
10050.00 **150.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURTON, DENNIS C
ONE CVS DR
WOONSOCKET RI 02895 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS Melanie K. Luker
One CVS Dr Woonsocket RI 02895 ☒ 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 no officer or director of the corporation or the receiver or trustee empowered to execute this report has 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

Date

Daytime Phone #

CR2E034 (10/00)