

2001 UNIFORM BUSINESS REPORT (UBR)

0572240

DOCUMENT # P00000068796

1. Entity Name
PINECREST CVS, INC.

FILED
SECRETARY OF STATE
01 APR 30 AM 9:28

Principal Place of Business

Mailing Address

ONE CVS DR
WOONSOCKET RI 02895

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

65-1043254

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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
NAME 500004212655-2
STREET ADDRESS -05/11/01--01122--001
CITY-ST-ZIP ***10050.00 ****150.00

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ 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 ☒ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

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 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)

AD