

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90094 050 \*\*\*150.00

**DOCUMENT # P00000068799**

1. Entity Name  
**SURFSIDE CVS, INC.**

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

*One CVS Drive*

Suite, Apt. #, etc.

*Legal Dept*

City & State

*Woonsocket RI*

Zip

*02895*

Country

4. FEI Number

**65-1043259**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	RYAN, THOMAS M	ONE CVS DR	WOONSOCKET RI 02895	<input type="checkbox"/>
D	ZIGERELLI, LARRY J	ONE CVS DR	WOONSOCKET RI 02895	<input checked="" type="checkbox"/>
DVPS	LANKOWSKY, LARRY J	ONE CVS DR	WOONSOCKET RI 02895	<input checked="" type="checkbox"/>
T	SOLBERG, LARRY D	ONE CVS DR	WOONSOCKET RI 02895	<input type="checkbox"/>
AS	LUKER, MELANIE	ONE CVS DR	WOONSOCKET RI 02895	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<i>See attached</i>			<input type="checkbox"/>	<input type="checkbox"/>
D	Christopher W. Bodine	One CVS Drive	Woonsocket RI 02895	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVP S	ZENON P. LANKOWSKY	ONE CVS DRIVE	WOONSOCKET RI 02895	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Melanie K. Luker*  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-19-02*

*401 770 3565*

Date

Daytime Phone #

CR2E034 (9/01)