

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093808

1. Entity Name

BAL Pharmacy Inc.

Principal Place of Business

Mailing Address

THE MEDICINE SHOPPE  
4691 N. UNIVERSITY DR.  
CORAL SPRINGS, FL 33067

2. Principal Place of Business

3. Mailing Address

THE MEDICINE SHOPPE

4691 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS

FLORIDA

Zip

Country

Zip

Country

33067 BROWARD

33067 BROWARD

4. FEI Number

Applied For

65-1047982

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0072444

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

William A. GERVASIO  
6630 VILLA SONRISA DR #721  
BOCA RATON, FL 33433

William A. GERVASIO  
Street Address (P.O. Box Number is Not Acceptable)  
6630 VILLA SONRISA DR #721  
City Boca Raton FL Zip Code 33433

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 William A. Gervasio

6-23-01

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, 2001 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 President  
NAME William A. GERVASIO  
STREET ADDRESS 6630 VILLA SONRISA DR #721  
CITY-ST-ZIP BOCA RATON, FL 33433

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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 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: William A. Gervasio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-01

Date

954-755-5325

Daytime Phone #

CR2E034 (11/00)