

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90102 024 \*\*\*150.00

**DOCUMENT # P00000100718**

1. Entity Name  
**LINCOURT RX, INC.**

Principal Place of Business  
 6075 PARK BLVD.  
 PINELLAS PARK FL 33781

Mailing Address  
 6075 PARK BLVD.  
 PINELLAS PARK FL 33781

2. Principal Place of Business  
**1245 Rogers Street**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Clearwater, FL**

City & State

4. FEI Number  
**59-3678948**

Applied For  
 Not Applicable

Zip  
**33756**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHRIEFER, GEORGE J**  
**6075 PARK BLVD.**  
**PINELLAS PARK FL 33781**

**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, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**SCHRIEFER, GEORGE J**  
**6075 PARK BLVD.**  
**PINELLAS PARK FL 33781**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PSTD**  
**DELACRUZ, VICTORIA LUCAS**  
**12124 Lillian Avenue**  
**Largo, FL 33778**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ 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 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:** Victoria Lucas Delacruz, President 4/24/01 (727) 580-2932  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)