

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90305 001 ***150.00

DOCUMENT # P22338

1. Entity Name
PRESCRIPTIVES SERVICES INC.

Principal Place of Business

**7 CORPORATE CENTER DR
 ATTN TAX DEPT
 MELVILLE NY 11741
 US**

Mailing Address

**7 CORPORATE CENTER DR
 ATTN TAX DEPT
 MELVILLE NY 11747
 US**

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 **13-3488667**

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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	P	<input type="checkbox"/> Delete
NAME	NIELSEN, ROBERT	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE, NY. 11747	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ANUZIS, A	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KENNEY, PAUL E	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	BIGLER, ROBERT J	
STREET ADDRESS	7 CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GIBIAN, GERALD Z	
STREET ADDRESS	7 CORPORTE CENTER DR	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PORRETTO, JAMES	
STREET ADDRESS	7 CORPORATE CE TER DR	
CITY-ST-ZIP	MELVILLE NY 11747	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul E. Konney	
STREET ADDRESS	7 Corporate Center Drive	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terence Stack	
STREET ADDRESS	7 Corporate Center Drive	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	VP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Kunes	
STREET ADDRESS	7 Corporate Center Drive	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	VP, Tax, Real Estate - Customs	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Same)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01

631-847-6347

CR2E034 (10/00)