

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096357

1. Entity Name

ADVANCED PHARMACY SERVICES, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90043 042 ***150.00

Principal Place of Business

513 S.W. 1ST AVENUE
OCALA FL 34474

Mailing Address

513 S.W. 1ST AVENUE
OCALA FL 34474-4202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3349216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTER, KARL

~~714 N.E. 2ND STREET~~

~~OCALA FL 34470~~

Name

KARL WALTER

Street Address (P.O. Box Number is Not Acceptable)

5114 SE 41ST AVE

City

OCALA

FL

Zip Code

34480

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, 2000 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

PSD
WALTER, KARL
~~714 N.E. 2ND STREET~~
~~OCALA FL 34470~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

5114 SE 41ST AVE
OCALA, FL 34480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
WALTER, ROBERT R
~~714 N.E. 2ND STREET~~
~~OCALA FL 34470~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

3521 Chickering Circle
Birmingham, AL 35242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL WALTER

4-11-2000

Date

Daytime Phone #

CR2E034 (9/99)