

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90162 008 \*\*\*150.00

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**DOCUMENT # P96000002183**

1. Entity Name

**FAMILY DRUGS OF INDIANTOWN, INC.**

Principal Place of Business

**15515 S.W. WARFIELD BOULEVARD  
 INDIANTOWN FL 34956**

Mailing Address

**15515 S.W. WARFIELD BOULEVARD  
 INDIANTOWN FL 34956**

2. Principal Place of Business

**15690 SW Warfield Blvd**

3. Mailing Address

**15690 SW Warfield Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Indiantown, FL.**

City & State

**Indiantown, FL.**

4. FEI Number

**65-0635219 65-0635219**

Applied For

Not Applicable

Zip

**34956**

Country

**USA**

Zip

**34956**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUCKS, BRIAN**

**15515 S.W. WARFIELD BOULEVARD  
 INDIANTOWN FL 34956**

7. Name and Address of New Registered Agent

Name

**Brian Rucks**

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

**15690 SW Warfield Blvd.**

City

**Indiantown**

FL

Zip Code

**34956**

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

**Brian Rucks**

**President**

**1/22/02**

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

TITLE **D** ☐ Delete  
 NAME **RUCKS, BRIAN**  
 STREET ADDRESS **9026 SW SAWGRASS WAY**  
 CITY-ST-ZIP **PALM CITY FL 34990**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **Rucks, Brian**  
 STREET ADDRESS **3869 S.W. St. Lucie Shores Drive**  
 CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**Brian Rucks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/02**

Date

**561-597-2250**

Daytime Phone #

CR2E034 (9/01)