

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90046 018 \*\*\*150.00

**DOCUMENT # P96000071659**

1. Entity Name  
**PHARMACY DISTRIBUTOR SERVICES, INC.**

Principal Place of Business <b>19906 WILKINSON LEAS ROAD          TEQUESTA FL 34469          US</b>	Mailing Address <b>19906 WILKINSON LEA ROAD          TEQUESTA FL 19906          US</b>
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2. Principal Place of Business <b>10003 CHAPMAN OAK COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>10003 CHAPMAN OAK COURT</b> Suite, Apt. #, etc.
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City & State <b>PALM BEACH GARDENS FL</b>	City & State <b>PALM BEACH GARDENS FL</b>	4. FEI Number <b>65-0689543</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33410-3275</b>	Country <b>US</b>	Zip <b>33410-3275</b>	Country <b>US</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**D'ONOFRIO, ANDREW  
 19906 WILKINSON LEAS ROAD  
 TEQUESTA FL 33469**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P D'ONOFRIO, ANDREW 1906 WILKINSON LEAS ROAD TEQUESTA FL 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DEBRA MARTZ LYAGHT 444 MARINER DR JUPITER, FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Andrew D'Onofrio* **ANDREW D'ONOFRIO** Date: **2/24/01** Daytime Phone #: **561-799-3553**

CR2E034 (10/00)