

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071659

1. Entity Name
PHARMACY DISTRIBUTOR SERVICES, INC.

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90030 026 ***150.00

0356570 AV

Principal Place of Business
10003 CHAPMAN OAK COURT
PALM BEACH GARDENS FL 33410-3275
US

Mailing Address
10003 CHAPMAN OAK COURT
PALM BEACH GARDENS FL 33410-3275
US



2. Principal Place of Business
Same

3. Mailing Address
Same

City & State

City & State

4. FEI Number 65-0689543

Applied For
Not Applicable

Zip Country

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

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

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 P
NAME D'ONOFRIO, ANDREW
STREET ADDRESS 19906 WILKINSON LEAS ROAD
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE V
NAME LYSAGHT, DEBRA M
STREET ADDRESS 444 MARINER DR
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another like or better.

SIGNATURE: *ANDREW D'ONOFRIO, President*

1-4-02 561 799-3553

CR2E034 (9/01)