

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90063 044 ***150.00

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1. Entity Name
PHARMACY DISTRIBUTOR SERVICES, INC.



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

**801 Maplewood Drive
Suite 18**

3. Mailing Address

**801 Maplewood Drive
Suite 18**

☒ CHECK HERE IF MAKING CHANGES

City & State

Jupiter, FL

City & State

Jupiter, FL

4. FEI Number

65-0689543

Applied For

Not Applicable

Zip

33458

Country

US

Zip

33458

Country

US

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 **James Lysaght**
Street Address (P.O. Box Number is Not Acceptable)
444 Mariner Drive
City **Jupiter** FL Zip Code **33477**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **D'ONOFRIO, ANDREW**
STREET ADDRESS **1906 WILKINSON LEAS ROAD**
CITY-ST-ZIP **TEQUESTA FL 33469**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **James Lysaght**
STREET ADDRESS **444 Mariner Drive**
CITY-ST-ZIP **Jupiter, FL 33477**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

800 440 2417
Daytime Phone #

CR2E034 (10/02)