

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000073951

Entity Name: PHARMACEUTICAL SERVICES, INC.

FILED  
Apr 29, 2003  
Secretary of State

**Current Principal Place of Business:**

410 NW 4TH ST.  
OKEECHOBEE, FL 34972 US

**New Principal Place of Business:**

406 NW 4TH ST.  
OKEECHOBEE, FL 34972 US

**Current Mailing Address:**

P.O. BOX 759  
OKEECHOBEE, FL 34973 US

**New Mailing Address:**

FEI Number: 65-0703955      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAVERLOCK, FAYE A  
309 SW 15TH STREET  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: HAVERLOCK, FAYE A  
Address: 309 SW 15TH ST  
City-St-Zip: OKEECHOBEE, FL 34974 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: HAVERLOCK, FAYE A  
Address: 309 SW 15TH ST  
City-St-Zip: OKEECHOBEE, FL 34974 US

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYE A. HAVERLOCK

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04/29/2003

Electronic Signature of Signing Officer or Director

Date