

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000069911****1. Entity Name**
PHARMACIST'S ADVANTAGE, INC.

Principal Place of Business	Mailing Address
11266 W. HILLSBOROUGH AVE 328 TAMPA FL 33635	11266 W. HILLSBOROUGH AVE 328 TAMPA FL 33635

2. Principal Place of Business	3. Mailing Address
2727 ULMERTON RD	8406 BLACKSTONE CT.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
110	

City & State	City & State
CLEARWATER FL	TAMPA FL

Zip	Country	Zip	Country
33762		33615	

4. FEI Number	Applied For
59-3463348	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRODRIGUES GILBERT T
11266 W. HILLSBOROUGH AVE
328
TAMPA
FL 33635**7. Name and Address of New Registered Agent**Name
RODRIGUES GILBERT T
Street Address (P.O. Box Number is Not Acceptable)
8406 BLACKSTONE CT
City
TAMPA
FL Zip Code
33615**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)

05/01/2000

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, 2000 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	<input type="checkbox"/> Delete
NAME	RODRIGUEZ GILBERT	
STREET ADDRESS	11266 W. HILLSBOROUGH AVE., #328	
CITY-ST-ZIP	TAMPA FL 33635	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ GILBERT		
STREET ADDRESS	8406 BLACKSTONE CT.		
CITY-ST-ZIP	TAMPA FL 33615		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:** Gilbert Rodriguez

P 05/01/2000