

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004985

1. Entity Name
PHARMACY DIRECTORY CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90024 035 ***150.00

Principal Place of Business
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

Mailing Address
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486-3327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2717 W. Cypress Creek Road
Suite, Apt. #, etc.

3. Mailing Address
2717 W. Cypress Creek Road
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

4. FEI Number
65-0811906

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CANTOR, SAMUEL J
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
Name
Cantor, Samuel J.
Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Parkway NW
Suite 200
City
Boca Raton
FL
Zip Code
33487

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 DATE 4/25/00

(NOTE: Registered Agent signature required when reinstalling)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, DAVID L		NAME	Phil Stickles	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD		STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTOR, SAMUEL J		NAME	Steven G Rose	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD		STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Christine Rogers	
STREET ADDRESS			STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DATE 4/11/00 DAYTIME PHONE # 954 969 1658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)