

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013316

1. Entity Name
YAMATO VILLAGE PHARMACY, INC.



FILED
Jul 24, 2003 8:00 am
Secretary of State
07-24-2003 90110 047 ***150.00

0092316 AV

Principal Place of Business
9101 LAKERIDGE BLVD. STE 22
BOCA RATON FL 33496

Mailing Address
9101 LAKERIDGE BLVD. STE 22
BOCA RATON FL 33496



2. Principal Place of Business
9595 Collins Ave
Suite, Apt. #, etc.
509

3. Mailing Address
9595 Collins Ave
Suite, Apt. #, etc.
509

☐ CHECK HERE IF MAKING CHANGES

City & State
Gulf Bide, FL
Zip
33154
Country
USA

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Gulf Bide, FL
Zip
33154
Country
USA

4. FEI Number 65-0810186

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PORTMAN, SCOTT B
9101 LAKERIDGE BLVD, STE 22
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) # 509
City Gulf Bide FL Zip Code 33154

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 *Scott B. Portman*
Signature, typed or printed name of registered agent and title if applicable.

SCOTT B. PORTMAN, PRESIDENT 1/11/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PORTMAN, SCOTT B
9101 LAKERIDGE BLVD, STE 22
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9595 Collins Ave # 509
Gulf Bide, FL 33154 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

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: *SCOTT B. PORTMAN* **SIGNATURE REQUIRED** *SCOTT B. PORTMAN 1/11/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

YAMATO VILLAGE PHARMACY INC
9595 COLLINS AVENUE # 509
SURFSIDE, FLORIDA 33154

90146054
P98000013316

July 11, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: YAMATO VILLAGE PHARMACY INC
DOCUMENT # P98000013316 UBR 2003

Gentlemen:

Upon receipt of the second 2003 Uniform Business Report my secretary called your office to let you know that although we had put in a change of address with the post office in Boca Raton, Florida our original 2003 Uniform Business Report was never delivered to our current address. We were told by your office to include this information in a letter and file the attached form with a check made payable to the Florida Department of State in the amount of \$ 150.00.

Attached please find our completed 2003 UBR along with our check number 205 in the amount of \$ 150.00. That you for your understanding.

Sincerely,



Scott B. Portman
President of Yamato Village Pharmacy Inc