

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014682

1. Entry Name

FEDCO DRUGS, INC.

05-05-2001 90608 001 ***750.00
P99000014682

FILED

01 MAY -9 PM 12: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40788

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
629 71st STREET 629 71st STREET
MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0894987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporations Service Company
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 SAs if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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 NAME STREET ADDRESS CITY-ST-ZIP
CST PHIPPS, HUBERT G. 629 71st STREET MIAMI BEACH, FL 33141

☐ Delete

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

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

Signature and typed or printed name of signing officer or director

CR2E034 (11/00)

SP