

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018251

1. Entity Name

PRECISION APOTHECARY, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90054 006 ***150.00

Principal Place of Business

5181 SE STERLING CIRCLE
STUART FL 34997

Mailing Address

5181 SE STERLING CIRCLE
STUART FL 34997-6523

00071000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2340-A SE Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

4. FEI Number

65-0902793

Applied For

Not Applicable

Zip

34996

Country

Martin

Zip

Country

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

CARP, DANIEL J
5181 SE STERLING CIRCLE
STUART FL 34997

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	CARP, DANIEL J	5181 SE STERLING CIRCLE	STUART FL 34997				
D	CARP, MARY A	5181 SE STERLING CIRCLE	STUART FL 34997				

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, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 March 2000 561-781-8524

Date

Daytime Phone #