

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023645

1. Entity Name

PHARMACY PLUS, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90167 048 ***150.00

Principal Place of Business

Mailing Address

~~285 WEST CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714~~

~~285 WEST CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714-2579~~

00011703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

250 technology Park
Suite, Apt. #, etc.
St 124

250 technology Park
Suite, Apt. #, etc.
St 124

City & State

City & State

Lake Mary, FL
Zip 32746 Country Seminole

Lake Mary, FL
Zip 32746 Country Seminole

4. FEI Number

59-3569188

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

LUTTRELL, BARBARA J
285 WEST CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

Name

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

250 technology Park
Suite 124

City

Lake Mary, FL

FL

Zip Code

32746

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 D
NAME MYERS, ROBERT L
STREET ADDRESS 285 W CENTRAL PARKWAY, SUITE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS 250 technology Park, St. 124
CITY-ST-ZIP Lake Mary, FL 32746

TITLE D
NAME PERFETTO, DONALD J
STREET ADDRESS 285 W CENTRAL PARKWAY, SUITE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LUTTRELL, BARBARA J
STREET ADDRESS 285 W CENTRAL PARKWAY, SUITE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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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: Barbara J. Luttrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00 407-804-6772
Date Daytime Phone #

CR2E034 (9/99)