

2001 UNIFORM BUSINESS REPORT (UBR)

0572269

DOCUMENT # P99000064340

1. Entity Name

CVS GULF, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 10:45

Principal Place of Business

ONE CVS DRIVE
WOONSOCKET RI 02895

Mailing Address

ONE CVS DRIVE
WOONSOCKET RI 02895

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 58-2483811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

(NOT)

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!
After MAY 1, 2001
Fee IS \$150.00
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

TITLE PD ☒ Delete
NAME CONAWAY, CHARLES
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE VPSD ☐ Delete
NAME LANKOWSKY, ZENON
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE T ☐ Delete
NAME SOLBERG, LARRY
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE AS ☐ Delete
NAME LUKER, MELANIE
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET RI 02895

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Thomas Ryan
STREET ADDRESS One CVS Drive
CITY-ST-ZIP Woonsocket, RI 02895

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600004212706-2
-05/11/01--01122--001
***10050.00 ***150.00

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker, Assistant Secretary
(401) 770-3565

Date

Daytime Phone #

CR2E034 (10/00)