

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90093 027 ***150.00

DOCUMENT # P99000087107

1. Entity Name
ST. PETERSBURG CVS, INC.

Principal Place of Business

ONE CVS DR.
WOONSOCKET RI 02895

Mailing Address

ONE CVS DR.
WOONSOCKET RI 02895

2. Principal Place of Business

3. Mailing Address

One CVS Drive

Suite, Apt. #, etc.

Legal Dept

City & State
Woonsocket RI

Zip

02895

Country

4. FEI Number

59-3613589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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.

(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, 2002 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
PD RYAN, THOMAS M
ONE CVS DR.
WOONSOCKET RI 02895 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ZIGERELLI, LAWRENCE J
ONE CVS DR.
WOONSOCKET RI 02895 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Christopher W. Bodine
One CVS Drive
Woonsocket RI 02895 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS LANKOWSKY, ZENON P
ONE CVS DR.
WOONSOCKET RI 02895 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(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 emp...

SIGNATURE:

Melanie K. Luker
Assistant Secretary

4-19-02

Date

Daytime Phone #

401 770 3565

CR2E034 (9/01)