

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90982 032 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000087107

1. Entity Name

St. Petersburg CVS, Inc.



DO NOT WRITE IN THIS SPACE

11022104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One CVS Drive

3. Mailing Address
One CVS Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Department

City & State
Woonsocket RI

City & State
Woonsocket RI

4. FEI Number **59-3613589**

Applied For

Not Applicable

Zip
02895

Country
USA

Zip
02895

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

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

1200 South Pine Island Road

City **Plantation**

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/D	Thomas M. Ryan	One CVS Drive, Woonsocket RI 02895					
V/S/D	Zenon P. Lankowsky	One CVS Drive, Woonsocket RI 02895					
T	Larry D. Solberg	One CVS Drive, Woonsocket RI 02895					
AS	Melanie K. Luker	One CVS Drive, Woonsocket RI 02895					
D	Christopher W. Bodine	One CVS Drive, Woonsocket RI 02895					
AS	Linda M. Cimbron	One CVS Drive, Woonsocket RI 02895					

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melanie K. Luker

4-23-03

401-770-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)