

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106167

1. Entity Name

U.S. DRUG DISTRIBUTORS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90025 048 ***150.00

Principal Place of Business

Mailing Address

6601 LYONS ROAD
STE I-10
COCONUT CREEK FL 33073

6601 LYONS ROAD
STE I-10
COCONUT CREEK FL 33073

2. Principal Place of Business

3. Mailing Address

6601 Lyons Road
Suite, Apt. #, etc.
STE E-7

6601 Lyons Road
Suite, Apt. #, etc.
STE E-7

City & State

City & State

Coconut Creek FL

Coconut Creek FL

Zip

Country

Zip

Country

33073

33073

4. FEI Number

59-3922740

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

ELEFANT, FRED
1650 PRUDENTIAL DRIVE
STE 105
JACKSONVILLE FL 32207

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 ☐ Delete
NAME D
STREET ADDRESS KRAEMER, MARK
CITY-ST-ZIP 2651 FOREST CIRCLE
JACKSONVILLE FL 32257

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

TITLE ☐ Delete
NAME D
STREET ADDRESS EDWARDS, ROBERT
CITY-ST-ZIP 12914 HYLAND CIRCLE
BOCA RATON FL 33428

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WESTON, STEVEN
CITY-ST-ZIP 2486 COMFORT WEST
BLOOMFIELD MI 48323

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06

CR2E034 (9/99)