

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 023 ***150.00

DOCUMENT # **F0100002484**

1. Entity Name

EOC DRUG STORES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8333 BRYAN DAIRY RD

Suite, Apt. #, etc.

3. Mailing Address

6501 LEGACY DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO FL

City & State

PLANO TX

4. FEI Number

56-0596933

Applied For

Not Applicable

Zip

33777

Country

USA

Zip

75024

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

C.T. CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND RD

City

LARGO

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
C	HARRIS, J.W.	8333 BRYAN DAIRY RD	LARGO FL 33777				
V/S/D	LEWIS, R.E.	8333 BRYAN DAIRY RD	LARGO FL 33777				
V/D	MILLER, DP	8333 BRYAN DAIRY RD	LARGO FL 33777				
AS	VAWRINEK, JJ	6501 LEGACY DR	PLANO TX 75024				
A/T	NAROLL, FN.	6501 LEGACY DR	PLANO TX 75024				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeffrey J. Vawrinek** **JEFFREY J. VAWRINEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

972-431-2159

CR2E034B (12/01)