

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90166 020 ***150.00

DOCUMENT # K90554

1. Entity Name
RX SERVICES CORPORATION

Principal Place of Business 2665 CLEVELAND AVENUE #103 FORT MYERS FL 33901 US	Mailing Address 2665 CLEVELAND AVE 103 FT MYERS FL 33901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0126097** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MASSIE, CHARLES A.
 14751 EDEN ST
 FT MYERS FL 33908**

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 _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MASSIE, CHARLES A.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	14751 EDEN ST	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
SD	MASSIE, BETTY A.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	14751 EDEN STREET	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
VD	JACOBS, BRUCE P.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	6799 HIGHLAND PINES CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TD	JACOBS, ROBIN J.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	6799 HIGHLAND PINES CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/01)

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: Charles A. Massie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/19/02 Daytime Phone # (941) 332-1612