

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90950 001 \*\*\*300.00

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

DOCUMENT # *P99000081575*  
 1. Entity Name  
*DrugMax.com, Inc*



*4/16/03*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*25400 US Hwy 19 N*  
 Suite, Apt. #, etc. *STE 137*  
 City & State *Clearwater FL*  
 Zip *33763* Country *US*

3. Mailing Address  
*← same*  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *59-3649091* Applied For  Not Applicable

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 *Julio C. Esquivel*  
 Street Address (P.O. Box Number is Not Acceptable) *Shumaker Loop • Kendrick LLP*  
*101 E. Kennedy Blvd. Ste 2800*  
 City *Tampa* State *FL* Zip *33602*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Pres, Secy, Dir.<br/>William L. LaGamba<br/>25400 U.S. Hwy 19 N #137<br/>Clearwater FL 33763</i>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Treas, Director CFO<br/>Ronald J. Patrick<br/>25400 US Hwy 19 N, #137<br/>Clearwater FL 33763</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Dir.<br/>Jugal K. Tanya<br/>25400 US Hwy 19 N, #137<br/>Clearwater FL 33763</i>                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

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: *William LaGamba* 4629103 727-533-0431  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *William LaGamba* Daytime Phone #

CR2E034B (12/02)