

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H74029****1. Entity Name**
GO2PHARMACY, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90034 039 ***150.00

Principal Place of Business6950 BRYAN DAIRY RD.
LARGO FL 33777
US**Mailing Address**6950 BRYAN DAIRY RD.
LARGO FL 33777
US

909502



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 59-2600232

Applied For

Not Applicable

Zip

Country

Zip

Country

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**SEKHARAM, KOTHA S
6950 BRYAN DAIRY RD.
LARGO FL 33777

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** DP ☐ Delete
NAME SPKHARAM, KATHA S
STREET ADDRESS 6950 BRYAN DAIRY RD.
CITY-ST-ZIP LARGO FL 33777**TITLE** ☐ Change ☐ Addition
NAME Kotha S. Sekharam
STREET ADDRESS
CITY-ST-ZIP**TITLE** DCEO ☒ Delete
NAME LAGAMBA, WILLIAM L
STREET ADDRESS 6950 BRYAN DAIRY RD.
CITY-ST-ZIP LARGO FL 33777**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VP ☐ Delete
NAME TANYIA, MIHIR K
STREET ADDRESS 6950 BRYAN DAIRY RD.
CITY-ST-ZIP LARGO FL 33777**TITLE** Director- CEO ☒ Change ☐ Addition
NAME Mihir Taneja
STREET ADDRESS
CITY-ST-ZIP**TITLE** DS ☐ Delete
NAME TANEJA, JUGAL K
STREET ADDRESS 6950 BRYAN DAIRY RD.
CITY-ST-ZIP LARGO FL 33777**TITLE** Director-Chairman of Board ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VP CFO ☐ Change ☒ Addition
NAME Carol Dore-Falcone
STREET ADDRESS 6950 Bryan Dairy Road
CITY-ST-ZIP Largo, Fl 33777**TITLE** ☐ Delete
NAME
STREET ADDRESS
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 all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)