

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90554

1. Entity Name

RX SERVICES CORPORATION

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90097 006 \*\*\*150.00

Principal Place of Business	Mailing Address
2665 CLEVELAND AVENUE #103 FORT MYERS FL 33901 US	2665 CLEVELAND AVE 103 FT MYERS FL 33901-5884 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0126097	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MASSIE, CHARLES A.
STREET ADDRESS	14751 EDEN ST
CITY-ST-ZIP	FT MYERS FL
TITLE	SD
NAME	MASSIE, BETTY A.
STREET ADDRESS	14751 EDEN STREET
CITY-ST-ZIP	FT MYERS FL
TITLE	VD
NAME	JACOBS, BRUCE P.
STREET ADDRESS	6799 HIGHLAND PINES CIRCLE
CITY-ST-ZIP	FT. MYERS FL
TITLE	TD
NAME	JACOBS, ROBIN J.
STREET ADDRESS	6799 HIGHLAND PINES CIRCLE
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles A. Massie **CHARLES A MASSIE** 2/29/00 (941) 332-1612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)