

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91047 038 \*\*\*150.00

**DOCUMENT # P00000075335**

1. Entity Name  
**XPRESS RX PHARMACY, INC.**



Principal Place of Business  
**660 NORTH STATE ROAD 7  
SUITE 15  
PLANTATION FL 33317**

Mailing Address  
**660 NORTH STATE ROAD 7  
SUITE 15  
PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

**One Financial Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT Lauderdale F**

Zip

Country

Zip

**33394**

Country

**USA**

4. FEI Number **65-1030191**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WINCHESTER, SHELLEY~~

~~660 N. STATE RD~~

~~STE 15~~

~~FORT LAUDERDALE FL 33317~~

Name

**SHARRIE JAMES**

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

**7300 WEST McNAB Rd**

**STE 218**

City

**TAMARAC**

FL

Zip Code

**33321**

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 **LANCELOT JAMES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/30/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete  
NAME **JAMES, LANCELOT F**  
STREET ADDRESS **660 NORTH STATE ROAD 7**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☒ Delete  
NAME **HOWARD, HERMAN**  
STREET ADDRESS **660 NORTH STATE ROAD 7**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **BENVILLE, BARRETT**  
STREET ADDRESS **N STATE RD 7**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lancelot James**

Date

Daytime Phone #

CR2E034 (10/02)