8/1/2002-90163-0(

FILED
Sep 10, 2002 8:00 am
Secretary of State
08-01-2002 90163 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049459

1. Entity Name

Gotta Run Rx, Inc. ✓

DO NOT WRITE IN THIS SPACE

42426

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2. Principal Place of Business	3. Mailing Address	4. FEI Number
2631 "R" AVE	801 Division Ave	65-1108783 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: #B	Suite, Apt. #, etc.	
City & State: Riviera Beach, FL	City & State: West Palm Bch, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip: 33404 Country: USA	Zip: 33401 Country: USA	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James Easley

Street Address (P.O. Box Number is Not Acceptable): 2631 "R" AVE # B

City: Riviera Beach, FL Zip Code: 33404

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Gayle S. Easley	NAME	
STREET ADDRESS	801 Division Ave	STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33401	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Veletta M. Rouse	NAME	
STREET ADDRESS	1476 West 37th St	STREET ADDRESS	
CITY-ST-ZIP	Riviera Beach, FL 33404	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	James B. Easley	NAME	
STREET ADDRESS	801 Division Ave	STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33401	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/27/02 561-659-7166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #