

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90164 005 ***150.00

0373918 AV

DOCUMENT # P01000049459

1. Entity Name
GOTTA RUN RX, INC.



Principal Place of Business
**2631 AVE R UNIT #B
RIVIERA BEACH FL**

Mailing Address
**801 DIVISION AVE
WEST PALM BEACH FL 33401**



2. Principal Place of Business
2631 "R" Ave #B

3. Mailing Address
801 Division Ave

☐ CHECK HERE IF MAKING CHANGES

City & State
Riviera Beach, FL

City & State
WPB, FL

4. FEI Number
65-1108783

Applied For
☐ Not Applicable

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

Zip
33404

Country
USA

Zip
33401

Country
USA

6. Name and Address of Current Registered Agent
**EASLEY, JAMES
2631 AVE R UNIT #B
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent
Name
N/A
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4-25-03**
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P EASLEY, GAYLE S 801 DIVISION AVE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROUSE, VELETTA M 1476 WEST 37TH ST RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **4/25/03** **861-659-7166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)