

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91290 008 \*\*\*150.00

**DOCUMENT # P02000020595**

1. Entity Name  
**RXSHOPPERS.COM, INC.**



Principal Place of Business  
**6271 DUPONT STATION COURT  
JACKSONVILLE FL 32217**

Mailing Address  
**6271 DUPONT STATION COURT  
JACKSONVILLE FL 32217**

**55041451**



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**01-0609191**

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

**WALLACE, ROBERT  
3805 UNIVERSITY BLVD., WEST  
JACKSONVILLE FL 32217**

Name  
**WILLIAM E J GARDNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**6271 DUPONT STATION COURT**  
**JACKSONVILLE**  
City  
**FL** Zip Code  
**32217**

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

*William E J Gardner*

**CORPORATE SECRETARY**

**04/25/2003**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE  
**PRESIDENT** ☐ Delete  
NAME  
**JAMES D. HARDEN**  
STREET ADDRESS  
**5185 DULINGTON FOREST SOUTH**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32258**

TITLE  
**SECRETARY** ☐ Delete  
NAME  
**WILLIAM E J GARDNER**  
STREET ADDRESS  
**7952 VINEYARD LAKE RD N**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32256**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

*William E J Gardner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/03**

Date

**(904) 737-3636**

Daytime Phone #

CR2E034 (10/02)