FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 19 AM 8:00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000044600

1. Entity Name
RX FINANCIAL CORP.

Principal Place of Business
5613 MACALLAN DRIVE
TAMPA, FL 33625

Mailing Address
5613 MACALLAN DRIVE
TAMPA, FL 33625

2. Principal Place of Business: 14802 N. DALE MABRY HWY
Suite, Apt. #, etc.: 201
City & State: TAMPA FLORIDA
Zip: 33618 Country: USA

3. Mailing Address: 14802 N. DALE MABRY HWY
Suite, Apt. #, etc.: 201
City & State: TAMPA FLORIDA
Zip: 33618 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
AGLIANO, JOHN J ESQ.
201 N. FRANKLIN STREET
SUITE 2600
TAMPA, FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, 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
Amended UBR is $61.25
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	CEO / PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCIS J. BALKUM	NAME	
STREET ADDRESS	14802 N. DALE MABRY HWY # 201	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	CITY-ST-ZIP	
TITLE	DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHAEL A. HILDEBRANDT	NAME	
STREET ADDRESS	ST. LAURENT AVE #18910	STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA~~ LUTZ FL 33558	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034 (10/02)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 8/15/03 Date (813) 964-5644 Daytime Phone #