


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

05-05-2003 91805 044 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000120685</b>			
1. Entity Name <b>RXPEDITE, INC.</b>			
Principal Place of Business <b>3526 JERICO DR CASSELBERRY, FL 32707</b>		Mailing Address <b>3526 JERICO DR CASSELBERRY, FL 32707</b>	
2. Principal Place of Business <b>1155 Charles ST</b>		3. Mailing Address <b>1155 Charles ST</b>	
Suite, Apt. #, etc. <b>Unit 165</b>		Suite, Apt. #, etc. <b>Unit 165</b>	
City & State <b>Longwood, FL</b>		City & State <b>Longwood, FL</b>	
Zip <b>32750</b>	Country <b>USA</b>	Zip <b>32750</b>	Country <b>USA</b>
4. FEI Number <b>27-0036163</b>		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BLACK, CRAIG A 3526 JERICO DR CASSELBERRY, FL 32707</b>		7. Name and Address of New Registered Agent Name <b>Robert Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>4415 Brook Hollow Cir.</b> City <b>Winter Springs</b> FL Zip Code <b>32708</b>	
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 <b>Robert A Jones</b> President <b>Robert A Jones</b> 4-30-03 <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE</small>			
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. <input type="checkbox"/> <b>\$5.00</b> 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	D JONES, ROBERT 3526 JERICO DR CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Jones 4415 Brook Hollow Cir Winter Springs, FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James Jones 2905 Johnson ST Wall, NJ 07719 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Robert A Jones</b>		<b>Robert A Jones</b> 4-30-03 407-339-5908	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (10/02)