

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90150 048 ***150.00

DOCUMENT # P95000024532

1. Entity Name
RX AUTOMATION INCORPORATED



Principal Place of Business
1025 PARK OF COMMERCE BLVD.
SUITE C
DELRAY BCH FL 33445
US

Mailing Address
1025 PARK OF COMMERCE BLVD.
SUITE C
DELRAY BCH FL 33445
US

2. Principal Place of Business
3800 S. Congress Ave

3. Mailing Address
3800 S. Congress Ave

Suite, Apt. #, etc.
Suite #8

Suite, Apt. #, etc.
Suite #8

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip
33426

Country
USA

Zip
33426

Country
USA

4. FEI Number **65-0618214**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

LOHMAN, ROBERT D
1025 PARK OF COMMERCE BLVD.
DELRAY BCH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6760 Houlton Circle

City **Lake Worth,** **FL** **Zip Code** **33467**

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOHMAN, ROBERT D 3335 N.W. 27TH AVE. BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHINE, SCOTT T 932 IRIS DR DELRAY BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6760 Houlton Circle Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SABAL 4697 Sabal Palm Drive Boynton Beach, FL 33436	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: _____ **Robert D. Lohman, Pres.** **4/24/03 561-509-2050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)