

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90189 007 ***150.00

DOCUMENT # P99000008281

1. Entity Name

RX INTERACTION, INC.

Principal Place of Business

**4371 S. TAMiami TRAIL
 SUITE 307
 SARASOTA FL 34231**

Mailing Address

**4371 S. TAMiami TRAIL
 SUITE 307
 SARASOTA FL 34231**

2. Principal Place of Business

2100 CONSTITUTION

3. Mailing Address

2100 CONSTITUTION BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FLORIDA

City & State
SARASOTA, FLORIDA

4. FEI Number
65-0950512

Applied For

Not Applicable

Zip
34231

Country
USA

Zip
34231

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAFFNEY, PATRICK
 4371 S. TAMiami TRAIL
 SUITE 307
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **GAFFNEY PATRICK**
 Street Address (P.O. Box Number Not Acceptable)
2100 CONSTITUTION BLVD
 City **SARASOTA** FL **34231**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GAFFNEY, P. TERRENCE	
STREET ADDRESS	1747 MEADOWOOD ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	PATRICK L. GAFFNEY	<input type="checkbox"/> Delete
NAME	PATRICK L. GAFFNEY	
STREET ADDRESS	2100 CONSTITUTION BLVD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK L. GAFFNEY	
STREET ADDRESS	2100 CONSTITUTION	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 (941) 926-3185