2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 8:00 am Secretary of State DOCUMENT # 556888 1. Entity Name RELIABLE EXPRESS SERVICE, INC. 05-01-2000 90372 005 ***150.00 Mailing Address Principal Place of Business P.O. BOX 5214 2362 EMERSON ST JACKSONVILLE FL 32207 JACKSONVILLE FL 32247-5214 2. Principal Place of Business 3. Mailing Address Blvd 5 Above spme as 4251 universit Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 5-301 City & State City & State 4. FEI Number Applied For 59-1803941 Macsonvilla Not Applicable Zip **3** 2 Country Country \$8.75 Additional Qi2 5. Certificate of Status Desired DUVAL Fee Required 2216 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMPSON, LAWRENCE T. Street Address (P.O. Box Number is Not Acceptable) 8408 HAVERHILL ST. JACKSONVILLE FL 32216 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition C14 (9/99) VSD Change TITLE ☐ Delete TITLE SIMPSON, HOLLY NAME NAME STREET ADDRESS 8408 HAVERHILL ST. STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP PDT ☐ Change ☐ Addition TITLE ☐ Delete TITLE SIMPSON, LAWRENCE T NAME NAME 8408 HAVERHILL ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 00000 TITLE Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED