

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2000 8:00 am
Secretary of State

06-16-2000 90293 012 ***150.00

DOCUMENT # L96080

1. Entity Name
SERVICE AMERICA COURIER CORP.

Principal Place of Business

Mailing Address

6001 N. ADAMS RD
 STE 203
 BLOOMFIELD HILLS MI 48304
 US

6001 N. ADAMS RD
 STE 203
 BLOOMFIELD HILLS MI 48304-1576
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3025309**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, WILLIAM H.
5002 NASSAU ST
TAMPA FL 33607

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	CAMPBELL, RAYMOND R	
STREET ADDRESS	6001 N ADAMS RD STE 203	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEE, LAUREL A.	
STREET ADDRESS	6001 N ADAMS RD STE 203	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTSON, RENEE A	
STREET ADDRESS	6001 N ADAMS RD STE 203	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Raymond R Campbell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/00
 Date

248-205-2240
 Daytime Phone #

CR2E034 (9/97)