2002 Uniform Business Report (UBR)

FILED Apr 02, 2002 8:00 am P01000075616 **DOCUMENT # Secretary of State** 1. Entity Name 04-02-2002 90978 002 ***150.00 ROCKET COURIER, INC. Mailing Address Principal Place of Business 5100 W. COLONIAL DR. 1673-S. KIRKMAN AD- 5106 Jeanninect PMB # 272 O Rlundo, FL. 32867 ORLANDO FL 32808 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business 5106 Jeanning DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable <u>O RIA</u>ndu \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required O Krony 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JACOBSON, PAMELA A 5106 Jeannine Ct 1673 S. KIRKMAN RD. O Rlando, FL. 32407 APT. 125-Zip Code ORLANDO FL 32811 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. DATE SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its intangible After May 1, 2002 Fee will be \$550.00 🗸 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME JACOBSON, PAMELA A 5106 JEANNINE C. NAME STREET ADDRESS 1673 S. KIRKMAN RD. APT. 125 STREET ADDRESS ORIGINAU, FL. 32807 CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME SPAUGH, KATHERINE L NAME 5106 Jeannine ct STREET ADDRESS 1673 S. KIRKMAN RD. APT: 125 STREET ADDRESS ORLando, EL. 3280 CITY-ST-ZIP ORLANDO-FL-32811 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

321-228.4290