

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91161 006 \*\*\*150.00

DOCUMENT # **P99000012134**

1. Entity Name  
**ASSET-FREIGHT AND COURIER  
SERVICE**



Principal Place of Business Mailing Address  
**PO BOX 30775  
PALM BCH GARDENS FL 33420**

2. Principal Place of Business 3. Mailing Address  
**PO BOX 30775**

City & State **PALM BCH GARDENS FL** City & State  
Zip **33420** Country **USA** Zip Country

4. FZI Number **65-0897269** 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

7. Name and Address of New Registered Agent

**ELISIUS, BARBARA  
414 SE 7TH AVE  
DELRAY BCH FL 33483**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ELIUS CAROLYN</b> <input type="checkbox"/> Delete <b>404 CASTRANO DR PALM BCH GARDENS FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <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

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
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)(f), 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 owner 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 1 or Block 11 if changed, or on an attachment with an address, with all other name empowered.

SIGNATURE: **Carolyn Elius**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP 03031 (1/01/03)

Attachment 90130145



### Florida Profit

## ASSET FREIGHT AND COURIER SERVICE CORPORATION

#### PRINCIPAL ADDRESS

404 CAPISTRANO DRIVE  
PALM BEACH GARDENS FL 33410

Changed 12/21/2001

#### MAILING ADDRESS

P.O. BOX 30775  
PALM BEACH GARDENS FL 33420

Changed 12/21/2001

**Document Number**

P99000012134

**FEI Number**

650897269

**Date Filed**

02/04/1999

**State**

FL

**Status**

ACTIVE

**Effective Date**

NONE

### Registered Agent

**Name & Address**

ELISIUS, BARBARA  
414 SE 7TH AVE.  
DELRAY BEACH FL 33483

### Officer/Director Detail

Name & Address	Title
ELISIUS, BARBARA 404 CAPISTRANO DRIVE PALM BEACH GARDENS FL 33410	P

### Annual Reports