

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001921

1. Entity Name

SHIPXPRESS.COM, INC.

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90230 037 \*\*\*150.00

Principal Place of Business

20 SOUTH FIRST STREET  
 JACKSONVILLE FL 32250

Mailing Address

20 SOUTH FIRST STREET  
 JACKSONVILLE FL 32250

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

58-2533096

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	PERERA, CHARITH	
STREET ADDRESS	20 SOUTH FIRST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	VC VP	<input type="checkbox"/> Delete
NAME	MAEROWITZ, SETH	
STREET ADDRESS	20 SOUTH FIRST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAEROWITZ, SETH	
STREET ADDRESS	20 SOUTH FIRST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MISRA, RAGHAVENDRA	
STREET ADDRESS	20 SOUTH FIRST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC VP	<input checked="" 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		
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)(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 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 persons empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 7182439280  
 Date Daytime Phone #

CR2E004 (9/01)