

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90078 033 \*\*\*150.00

**DOCUMENT # F00000001921**

**1. Entity Name**  
**SHIPXPRESS.COM, INC.**



**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**

☒ **CHECK HERE IF MAKING CHANGES**

**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 **Charith Perera**  
Street Address (P.O. Box Number is Not Acceptable)  
**40 Ship Express, Inc.**  
**20 South First Street**  
City **Jacksonville Beach** FL **32250**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PC** ☐ Delete  
**NAME** **PERERA, CHARITH**  
**STREET ADDRESS** **20 SOUTH FIRST STREET**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32250**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VCVP** ☐ Delete  
**NAME** **MAEROWITZ, SETH**  
**STREET ADDRESS** **20 SOUTH FIRST STREET**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32250**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **MAEROWITZ, SETH**  
**STREET ADDRESS** **20 SOUTH FIRST STREET**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32250**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **SD** ☐ Delete  
**NAME** **MISRA, RAGHAVENDRA**  
**STREET ADDRESS** **20 SOUTH FIRST STREET**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32250**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.**

**SIGNATURE:**

**Seth Maerowitz**  
**Chief Financial Officer**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**7-18-03** **718-242-9260**

CR2E034 (4/03)

Attachment #

86138305  
F0000000921

ShipXpress.com, Inc.  
20 South First Street  
Jacksonville Beach, FL 32250

Florida Department of State  
PO Box 1500  
Tallahassee, FL 32314

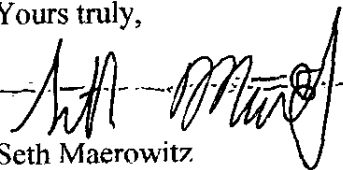
July 18, 2003

Dear Sir or Madam:

ShipXpress respectfully requests a waiver from the late fee for filing of the Uniform Business Report, as we did not receive a prior notice of the fee. Accordingly we have enclosed \$150.00 as payment in full for our 2003 filing fee.

Thank you very much.

Yours truly,

  
Seth Maerowitz  
Chief Financial Officer

7-18-03

~~Doc# F0000000921~~