## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

F01000004679

**DOCUMENT #** 1. Entity Name

May Sec

05-02-2003 90363 028 \*\*\*150.00

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y 02, 2003 8:00 am
cretary of State

GLOBAL	MAIL BOXES EXPRESS, IN	IC.						
Principal Place of Business 55 GLENLAKE PARKEWAY. NE ATLANTA GA 30328		Mailing Address 55 GLENLAKE PARKEWAY, NE ATLANTA GA 30328						
2. Principal f	Place of Business	3. Mailing Address			100k  00   1213   00k  13   120k   1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK I	HERE IF MAKIN	G CHANGES	
City & State		City & State			4. FEI Number 58-2642	2128		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Des	sired	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Address of I	New Registered		
		<u> </u>	Name	)				
C T COR	PORATION SYSTEM		Ctron	t Address (C	O. Bay Number is Not Assa	untoblo)		
1200 SOL	UTH PINE ISLAND ROAD		Stree	L Address (P	O. Box Number is Not Acce	plable)		
	ION FL 33324							
			City			FL	Zip Cod	le
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office	or registere	d agent, or both, in the State		<u> </u>	and accept
	tions of registered agent.		<b>-9</b>	+9				
01041471105								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sig	nature required v	when reinstating)	DATE		<del></del>
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sig	nature required v	when reinstating)	DATE		
<u>∵</u> F	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00	and title if applicable. (NOTE	: Registered Agent sig	nature required v	9. Election Campa	ign Financing		<b>00</b> May Be
° F & Afte	Signature, typed or printed name of registered agent		: Registered Agent sig	nature required v		ign Financing		O May Be
° F & Afte	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	f State	Registered Agent sig	nature required v	9. Election Campa	ign Financing ribution.	Adde	d to Fees
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12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE 均

SIGNATURE REQUISED. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF-

(Ho4)828-6307