

Amended 2004AR  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F0200000 3553

1. Entity Name

Apalachee Express Courier & Delivery Company

FILED  
VOID  
NOV - PM 11

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filed in error, should have been a fictitious name  
cancellation/re-registration. See G05011900026  
for correct filing. SPT 1/11/05

DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business

1184A Cottonwood Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32305

Country

Zip

Country

4. FEI Number

20-1723923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Willie James Sanford

Street Address (P.O. Box Number is Not Acceptable)

1184A Cottonwood Lane

City

Tallahassee

FL

Zip Code

32305

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

Willie James Sanford

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P  
NAME Willie James Sanford  
STREET ADDRESS 1184A Cottonwood Lane  
CITY-ST-ZIP Tallahassee FL 32305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME Susan Lynn Sanford  
STREET ADDRESS 1184A Cottonwood Lane  
CITY-ST-ZIP Tallahassee FL 32305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Willie James Sanford

Date

11-01-04

Daytime Phone #

CR2E034B (12/01)