

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90145 027 \*\*\*150.00

**DOCUMENT # G68388**

1. Entity Name  
**FMG COURIER SERVICE, INC.**



Principal Place of Business  
**7557 FAIRFAW DRIVE  
APT 311  
TAMARAC FL 33321**

Mailing Address  
**7557 FAIRFAW DRIVE  
APT 311  
TAMARAC FL 33321**

2. Principal Place of Business

**P.O. Box 25434**

3. Mailing Address

**P.O. Box 25434**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Tamarac FL**

City & State  
**Tamarac FL**

4. FEI Number  
**59-2360584**

Applied For  
☐ Not Applicable

Zip  
**33321**

Country  
**Broward**

Zip  
**33321**

Country  
**Broward**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERBER, MICHEAL  
7577 FAIRFAZ DRIVE  
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name  
**Marvin Gerber**  
Street Address (P.O. Box Number is Not Acceptable)  
**7577 FAIRFAX DR.**  
City  
**Tamarac FL.** **FL** **33321**

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 **Marvin L. Gerber**

**1/6-03**

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

(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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDT  
GERBER, FLORENCE  
7887 BEECHFERN WAY  
TAMARAC FL 33321** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
GORDON, LORI ANN  
7887 BEECHFERN WAY  
TAMARAC FL 33321** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDT  
Marvin Gerber  
7577 FAIRFAX DR.  
TAMARAC FL. 33321** ☒ Change ☐ Addition

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

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

TITLE  
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☐ Change ☐ Addition

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

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 full name like empowered.

SIGNATURE: **Marvin L. Gerber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/6-03 954 722-6099**

CR20034 (10/02)