

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90320 037 \*\*\*150.00

**DOCUMENT # H75123**

1. Entity Name  
**ATAPAT COURIER SERVICES, INC.**

Principal Place of Business <b>6900 SILVER STAR RD          STE 202          ORLANDO FL 32818          US</b>	Mailing Address <b>P.O. BOX 682064          ORLANDO FL 32868-2064          US</b>
--	--

2. Principal Place of Business <b>6900 Silver Star Rd</b>	3. Mailing Address
Suite, Apt. #, etc. <b>204</b>	Suite, Apt. #, etc.
City & State <b>Orlando, FL</b>	City & State

Zip <b>32818</b>	Country <b>USA.</b>	Zip	Country
---------------------	------------------------	-----	---------

4. FEI Number **59-2574377** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FINLEY, MELANIE J  
 6900 SILVER STAR RD  
 SUITE 207-B  
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent  
 Name **Melanie J. Finley**  
 Street Address (P.O. Box Number is Not Acceptable) **6900 Silver Star Rd. #204**  
 City **Orlando** FL Zip Code **32818**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MCLEES, TERRY A. 904 WURST RD OCOOE FL 34761</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PV FINLEY, MELANIE J 6900 SILVER STAR ROAD ORLANDO FL 32818</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melanie J. Finley **SIGNATURE REQUIRED** Date 01-10-00 Daytime Phone # 407-295-4566

CR2E034 (9/99)