

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96319

1. Entity Name

AMERICAN COURIER EXPRESS OF CENTRAL FLORIDA, INC

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90087 018 ***158.75

Principal Place of Business

Mailing Address

C/O JOHN O'BRIEN
 2007 W KENNEDY BLVD #B
 TAMPA FL 33606

C/O JOHN O'BRIEN
 2007 W KENNEDY BLVD #B
 TAMPA FL 33606-1532



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6710 Benjamin Rd.

6710 Benjamin Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700

700

City & State

City & State

TAMPA FL

TAMPA FL

4. FEI Number

59-2943004

Applied For

Not Applicable

Zip 33634-4314

Country Hillsborough

Zip 33634-4314

Country Hillsborough

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BRIEN, JOHN
 2007 W KENNEDY BLVD #B
 TAMPA FL 33606

Name John O'Brien

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

6710 Benjamin Rd.

700

City TAMPA

FL

Zip Code 33634-4314

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

[Signature]

(John O'Brien)

03/31/00

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
 NAME O'BRIEN, JOHN
 STREET ADDRESS 2007 W KENNEDY BL #B
 CITY-ST-ZIP TAMPA FL

TITLE John O'Brien Change Addition
 NAME John O'Brien
 STREET ADDRESS 6710 Benjamin Rd. #700
 CITY-ST-ZIP TAMPA, FL 33634-4314

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Joseph Nearhouse Change Addition
 NAME Joseph Nearhouse
 STREET ADDRESS 6710 Benjamin Rd. #700
 CITY-ST-ZIP TAMPA, FL 33634-4314

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31/00

Date

813-249-9700

Daytime Phone #

CR2E034 (9/99)