

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 C/O JOHN O'BRIEN 2007 W KENNEDY BLVD #B TAMPA FL 33606	Mailing Address C/O JOHN O'BRIEN 2007 W KENNEDY BLVD #B TAMPA FL 33606-1532
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6710 Benjamin Rd. Suite, Apt. #, etc. 700 City & State TAMPA FL Zip 33634-4314	3. Mailing Address 6710 Benjamin Rd. Suite, Apt. #, etc. 700 City & State TAMPA FL Zip 33634-4314
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4. FEI Number 59-2943004	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'BRIEN, JOHN 2007 W KENNEDY BLVD #B TAMPA FL 33606	7. Name and Address of New Registered Agent Name John O'Brien Street Address (P.O. Box Number is Not Acceptable) 6710 Benjamin Rd. #700 City TAMPA FL Zip Code 33634-4314
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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 <u>[Signature]</u> Signature typed or printed name of registered agent and title if applicable.	(John O'Brien)	03/31/00 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, JOHN 2007 W KENNEDY BL #B TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John O'Brien P 6710 Benjamin Rd. #700 TAMPA, FL 33634-4314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Nearhouse V-P 6710 Benjamin Rd. #700 TAMPA, FL 33634-4314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	March 31/00 Date	813-249-9700. Daytime Phone #
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CR2E034 (9/99)