

2002 UNIFORM BUSINESS REPORT (UBR)

0003641

DOCUMENT # L01000014030

1. Entity Name

THE BEST COURIER OF TALLAHASSEE, LLC

FILED

2002 SEP 19 PM 1:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O DAVID T. POPE
4231 ROCKINGHAM DRIVE
TALLAHASSEE FL 32303

Mailing Address

C/O DAVID T. POPE
4231 ROCKINGHAM DRIVE
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3738896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPE, DAVID T
4231 ROCKINGHAM DRIVE
TALLAHASSEE FL 32303

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

300007897733--4
-09/20/02--01058--009
*****58.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
David Pope
4231 Rockingham Drive (Manager)
Tallahassee, FL 32303

☐ Delete

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CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #