

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36733

1. Entity Name

EAGLE COURIER SERVICE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90053 015 ***150.00

Principal Place of Business

13180 N. CLEVELAND AVE.
#212
N FT MYERS FL 33903
US

Mailing Address

13180 N. CLEVELAND AVE.
#212
N FT MYERS FL 33903-6231
US

2. Principal Place of Business

154 CAPTAIN JOHN SMITH LOOP

3. Mailing Address

154 CAPTAIN JOHN SMITH LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
N. FT. MYERS, FL

City & State
N. FT. MYERS, FL

4. FEI Number
65-0161238

Applied For
Not Applicable

33917

Country
LEE

Zip
33917

Country
LEE

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

~~HENDRIX, THOMAS J.~~
154 CAPTAIN JOHN SMITH LOOP
N. FT. MYERS FL 33917

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.

SIGNATURE

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HENDRIX, THOMAS J.	
STREET ADDRESS	154 CPTN. JOHN SMITH LOOP	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HENDRIX, CAROL, J	
STREET ADDRESS	154 CAPT JOHN SMITH LOOP	
CITY-ST-ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS J. HENDRIX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-22-00 Daytime Phone # 941-543-3514

CR2E034 (9/99)