

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90053 044 ***150.00

DOCUMENT # L97031

1. Entity Name

UNI SHIPPERS OF BREVARD, INC.



Principal Place of Business

3995 HEILD RD.
PALM BAY FL 32907

*mailing
Hield*

Mailing Address

UNISHIPPERS®
THE SHIPPING COMPANY THAT WORKS FOR YOU™

Julie Fisher
Unishippers
3995 Hield Road NW
Palm Bay, FL 32907

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MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3030226

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FISHER, JULIE
3995 HEILD RD.
PALM BAY FL 32907

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VAUGHAN, CURRY
STREET ADDRESS 3995 HEILD RD.
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME VAUGHAN, NANCY
STREET ADDRESS 3995 HEILD RD.
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME FISHER, KEVIN
STREET ADDRESS 3995 HEILD RD.
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME FISHER, JULIE
STREET ADDRESS 3995 HEILD RD.
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie V. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

381-725-4661
Date Daytime Phone #