FILED Sep 15, 2003 8:00 am Secretary of State 09-15-2003 90158 043 ***150.00

UNIFORM BUSINESS REPORT (UBR)			0012000
DOCUMENT # L97031 1. Entity Name UNI SHIPPERS OF BREVARD, IF	ic. (2)		
Principal Place of Business 3995 HEILD RD. PALN BAY, FL 32907	Mailing Address P.O. 80X 061210 PALM 8AY, FL 32906		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	City & State		4. FEI Number Applied For S9-3030226 Not Applied For
Zip Country	Zip	Country	8. Certificate of Status Desired \$8.75 Additional Foo Required
5. Name and Address of C	errent Registered Agent		7. Name and Address of New Registered Agent
FISHER, JULIE 3995 HIELD RD.		Name	(P.O. Box Number is Not Acceptable)
PALM BAY, FL 32907			(10. Box name) (10. box name)
		City	FL Zip Code
	nent for the purpose of changing i	ts registered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.			
SIGNATURE Signature, typed or primed name of register	NJ agant and title if application. (NC	OTE: Registered Agent signature require	at when sermaning) DATE
After May 1, 2003 Fee will be 6 After May 1, 2003 Fee will be 6 Amended UER (s \$61.26 Make Check Payable to Floride Depart	Clar 550 00 AS Herit of State .		a. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. Added to Fees
10. OFFICER	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME VAUGHAN, CURRY STREET ADDRESS CITY-ST-2P PALM BAY, FL 32907	□ Delete	HAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition ☐
TITLE D VAUGHAN, NANCY STREET ADDRESS CITY-ST-2P PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition &
TITLE D HAME FISHER, KEVIN STREET ADDRESS CITY-S1-ZP PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D FISHER, JULIE STREET ADDRESS SERVS1-ZP PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-21P	☐ Chenge ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated on this report or supplemental re	sport is true and accurate and that e empowered to execute this repo	t my signature shall have the : rt as required by Chapter 607	ection 119.07(3)(I). Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes: and that my name appears in Block 10 or Block 11 if
SIGNATURE:	v. tomer		9/11/03 321-725-4661



Attachment # 861483560

P.O. Box 120247 Melbourne, FL 32912-0247

www.unishippers.com

p: 800.226,4661 f: 888.207.9447

September 11, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the Uniform Business Report and payment for Unishippers of Brevard (L97031). The paperwork was apparently sent to our old post office box. Our current address information should be listed as follows. We no longer have an active post office box for mailing purposes.

Unishippers of Brevard 3995 Hield Road Palm Bay, FL 32907

Thank you in advance for your assistance. Please do not hesitate to contact me if additional information is needed at (800) 226-4661 or email <u>julie.fisher@unishippers.com</u>

Sincerely,

Julie V. Fisher Vice President

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