

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90379 032 ***150.00

656019



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000003467

1. Entity Name

A & D CUSTOMIZE COURIERS, INC.

Principal Place of Business

**10 S. SEMORAN BOULEVARD
 ORLANDO FL 32807**

Mailing Address

**10 S. SEMORAN BOULEVARD
 ORLANDO FL 32807**

2. Principal Place of Business

3028 MESA VERDE DR

Suite, Apt. #, etc.

2004

City & State

ORLANDO FL

Zip

32837

Country

USA

3. Mailing Address

3028 MESA VERDE DR

Suite, Apt. #, etc.

2004

City & State

ORLANDO FL

Zip

32837

Country

USA

4. FEI Number

593617215

Applied For

☐ Not Applicable

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOOKDEO, DONNY	
STREET ADDRESS	10 S. SEMORAN BOULEVARD	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Donny Sookdeo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-01

Date

407-538-3137

Daytime Phone #

CR2E034 (10/00)