

2001 UNIFORM BUSINESS REPORT (UBR)

4/30.

FILED
Jun 02, 2001 8:00 am
Secretary of State

04-30-2001 90125 012 ***150.00

DOCUMENT # P00000022894

1. Entity Name

BIZZEE BEE COURIER & DELIVERY SERVICES, INC.

Principal Place of Business

2768 KINGSTREET DR. W
 JACKSONVILLE FL 32211

Mailing Address

2768 KINGSTREET DR. W
 JACKSONVILLE FL 32211

2. Principal Place of Business

Suite 2
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3634649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE ROIA, BONNIE
2768 KINGSTREET DR. W
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

City

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 the if applicable.

(NOTE: Registered Agent Signature required when: (a) installing)

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

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | <i>President - Sec.</i> | <input type="checkbox"/> Delete |
| NAME | <i>Bonnie De Roia</i> | |
| STREET ADDRESS | <i>5544 Riverton Rd.</i> | |
| CITY-ST-ZIP | <i>Jacksonville, FL 32211</i> | |
| TITLE | <i>Vice President - Treas.</i> | <input type="checkbox"/> Delete |
| NAME | <i>Deborah Hendrix</i> | |
| STREET ADDRESS | <i>559 13th Ave. S.</i> | |
| CITY-ST-ZIP | <i>Jacksonville, FL 32250</i> | |
| 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 | | |
| 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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| 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 |
| 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:

Bonnie D. De Roia, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

904-744-6328

CR2E034 (10/00)