

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90267 026 \*\*\*150.00

**DOCUMENT # P00000117240**

**Entity Name**  
**FLORIDA EXPRESS CARRIERS, INC.**

**Principal Place of Business**  
 12735 GRAN BAY PARKWAY WEST  
 BUILDING 200, SUITE 201  
 JACKSONVILLE FL 32258

**Mailing Address**  
 12735 GRAN BAY PARKWAY WEST  
 BUILDING 200, SUITE 201  
 JACKSONVILLE FL 32258

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 City & State

**Zip** **Country** **Zip** **Country**

**4. FEI Number** **59-3688077** **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**EDDINS, HEIDI J**  
**ONE MALAGA STREET**  
**ST. AUGUSTINE FL 32084**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>ANESTIS, ROBERT</b> <b>ONE MALAGA STREET</b> <b>SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>CONNARD, TOM</b> <b>12735 GRAN BAY PKWY W., 4BLDG. 200 STE 201</b> <b>JACKSONVILLE FL 32258</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>EDDINS, HEIDI</b> <b>ONE MALAGA STREET</b> <b>SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, RICHARD</b> <b>ONE MALAGA STREET</b> <b>SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Connard, TG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Eddins, HJ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Smith, RG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>McGeehan, MJ</b> <b>One Malaga Street</b> <b>St. Augustine, FL 32084</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Bramlitt, Amy</b> <b>One Malaga Street</b> <b>St. Augustine, FL 32084</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**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:** *Heidi J. Eddins* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/26/02**  
 Date

**904/826-2398**  
 Daytime Phone #

CP2E034 (9/01)

# Attachment

#P00000117240  
798975

11 Officers and Directors		12 Additions/Changes to Officers and Directors in 11	
Title	<input type="checkbox"/> Delete	Title	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Starling, CA
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Blackwell, MO
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Lehan, BD
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Pomar, CG
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	MacInnes, DA
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	