**2003 FOR PROFIT CORPORATION** 

UN	IFUNIA BOSINE	33 REPURI	(UDM)	## ## ## ## ## ## ## ## ## ## ## ##	,	
DOCUMENT #~ P01000011954				FILED		
I. Entity Name						
CHRISTO	PHER LEA PACKAGE DELIV	/ERY, INC.		03 DEC 26 AM 9:58		
			O WE IT	SECRETARY OF STATE TALLAHASS'E FLORIDA		
Principal Place of Business Mailing Address 882 IVANHOE DR. 882 IVANHOE DR.				TALLAHASSEE FLORIDA		
PORT ST CUCIE FL 33458 PORT ST TOCKE FL 33458						
	5208 Almond	Drive Ave N.L	v	I TODATADA ING ARABA KIDI KADATA BADAH BADAH BADAH BADAH BADAH	<b>88</b> 0 (1888 (8)86 8)86 8)81 (80)	
	Pt Struce,	F1-34785 11.	2 PEACOCK	13000		
2. Principal Place of Business 3. Mailing Address Purt StL				i coscinui eri ancie sibil matri datit ancie	sar itala lalat ditil alat 1981	
Suite, Apt. #, etc. Suite, Apt. #, etc.				- IT L APT 203 MENT	<b>3</b> 7 3	
		37780		GALLOR HERE WAKNED	CHANGES	
Cíty & State		City & State		4. FEI Number 20-7487431	Applied For Not Applicable	
ت Zip خس	Country	Zip	Country		\$8.75 Additional	
700	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered A	gent	
I EA - CHD	ICTODED	<u> </u>	Name			
LEA, CHRISTOPHER  Street Address (P.O. Box Number is Not Acceptable)  882 IVANHOE DR. Sz. 88 - A Imad Dr. V. Street Address (P.O. Box Number is Not Acceptable)						
PORT CTALLOUE EL COMEO			<u> </u>	700024011917 10/22/0301038009 **150.00		
TONI OF.	Pt. St. L	ucu , Fl 34983		10/22/0501030 003		
	,	, 31105	City	FL	Zip Code	
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.   am familiar with, and accept						
the obligations of registered agent						
SIGNATURE: Mustophie Lea						
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  9. Election Campaign Financing \$5.00 May Be						
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		Trust Fund Contribution.		
O.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 11	
ITLE	P	Delete	TITLE	ADDITIONS/CHANGES TO OFFICEINS AND	☐ Change ☐ Addition	
AME	LEA, CHRISTOPHER		NAME	mining young arms a firm of the firms off of the grants of		
TREET ADDRESS	882 IVANHOR DR.	288-Almond Dr	STREET ADDRESS	70002401191 12/26/0301036017 *	*600.00	
ITY-ST-ZIP	PORT SAINT LUCIE FL-34953	Pt.5+,6=64, PL34	SOTY-ST-ZIP			
ITLE .	·	Delete	TITLE		Change Addition	
AME			NAME CAREET ADDRESS			
TREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP	ا منظم المنظم المنظ المنظم المنظم المنظ		
ITLE		☐ Delete	TITLE		Change Addition	
AME	,	La boloto	NAME			
TREET ADDRESS			STREET ADDRESS			
ITY-ST-ZIP			. CITY-ST-ZIP			
ITLE -		☐ Delete	TITLE		☐ Change ☐ Addition	
ame Treet address			NAME STREET ADDRESS			
ITY-ST-ZIP	•		CITY-ST-ZIP		300	
TLE		☐ Delete	TITLE		☐ Change	
AME			NAME		3	
TREET ADDRESS			STREET ADDRESS		•	
ITY-ST-ZIP			CITY-ST-ZIP		Change C 4422	
itle Ame :		☐ Delete	TITLE NAME		Change Addition	
TREET ADDRESS			STREET ADDRESS			
ITY-ST-ZIP			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 of 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.

**₹SĮGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #