

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0606976 AV

DOCUMENT # **P01000011954**

1. Entity Name
CHRISTOPHER LEA PACKAGE DELIVERY, INC.



FILED

03 DEC 26 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**882 IVANHOE DR.
PORT ST. LUCIE FL 33458**

Mailing Address
**882 IVANHOE DR.
PORT ST. LUCIE FL 33458**

~~5288 Almond Drive~~ **112 Peacock Blvd**
~~Port St. Lucie, FL 34983~~



2. Principal Place of Business

3. Mailing Address

Port St. Lucie FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

34986

City & State

City & State

REINSTATEMENT 23
CHECK HERE IF MAKING CHANGES

4. FEI Number **20-7487431**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LEA, CHRISTOPHER
882 IVANHOE DR.
PORT ST. LUCIE FL 33458**

~~5288 Almond Drive~~
Port St. Lucie, FL 34983

Name

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

700024011917
10/22/03--01038--009 **150.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christopher 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LEA, CHRISTOPHER 882 IVANHOE DR. PORT SAINT LUCIE FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700024011917 12/26/03--01038--017 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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.

SIGNATURE:

Christopher Lea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-03

Date

Daytime Phone #

CF2E034 (10/02)