

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90401 027 ***150.00

DOCUMENT # P01000069476

1. Entity Name

INTERNATIONAL ASSOCIATION OF COURIERS INC.



Principal Place of Business

**8186 ALDERMAN ROAD
MELROSE FL 32666-8818**

Mailing Address

**PO BOX 980
KEYSTONE HEIGHTS FL 32656**

2. Principal Place of Business

12601 SE 53rd Terrace

3. Mailing Address

12601 SE 53rd Terrace Road

Suite, Apt. #, etc.

Road

Suite, Apt. #, etc.

City & State

Belleview, FL

City & State

Belleview, FL

Zip

34420

Country

USA

Zip

34420

Country

USA

4. FEI Number

59-3736025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAVANAUGH, J.E.
464 SE 61ST CT.
OCALA FL 34472**

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

SIGNATURE

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

TITLE **D** ☒ Delete
NAME **NEUHARTH, DAVID**
STREET ADDRESS **12601 SE 53RD TERRACE RD**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **P** ☒ Delete
NAME **CAUSEY, BRUCE**
STREET ADDRESS **8186 ALDERMAN RD**
CITY-ST-ZIP **MELROSE FL 32666-8818**

TITLE **S** ☒ Delete
NAME **NEUHARTH, ELIZABETH**
STREET ADDRESS **12601 SE 53RD TERRACE RD**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Kathy Craig**
STREET ADDRESS **2960 Monument Shadows**
CITY-ST-ZIP **Gering, NE 69341-1568**

TITLE **VP** ☒ Change ☐ Addition
NAME **Joseph Craig**
STREET ADDRESS **2960 Monument Shadows**
CITY-ST-ZIP **Gering, NE 69341-1568**

TITLE **S** ☒ Change ☐ Addition
NAME **David Neuharth**
STREET ADDRESS **12601 SE 53rd Terrace Road**
CITY-ST-ZIP **Belleview, FL 34420**

TITLE **T** ☒ Change ☐ Addition
NAME **Elizabeth Neuharth**
STREET ADDRESS **12601 SE 53rd Terrace Road**
CITY-ST-ZIP **Belleview, FL 34420**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **Elizabeth M. Neuharth**
Elizabeth M. Neuharth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

352-347-3084

Date

Daytime Phone #

CR2E034 (10/02)