2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90978 002 ***150.00

DOCUMENT # P01000075616

1. Entity Name
ROCKET COURIER,INC.

Principal Place of Business	Mailing Address
~~1673 S. KIRKMAN RD~~ 5106 Jeanninect ~~APT. 125~~ ORlando, FL. 32807 ~~ORLANDO FL 32811~~	5100 W. COLONIAL DR. PMB # 272 ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5106 Jeannine Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORlando, FL-	City & State
Zip: F 32807 Country: Orange	Zip / Country

4. FEI Number 59-3733575 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, PAMELA A
~~1673 S. KIRKMAN RD.~~ 5106 Jeannine Ct.
~~APT. 125~~ ORlando, FL. 32807
~~ORLANDO FL 32811~~

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACOBSON, PAMELA A ~~1673 S. KIRKMAN RD. APT. 125~~ ~~ORLANDO FL 32811~~	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPAUGH, KATHERINE L ~~1673 S. KIRKMAN RD. APT. 125~~ ~~ORLANDO FL 32811~~	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5106 JEANNINE Ct. ORlando, FL. 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5106 Jeannine Ct ORlando, FL. 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: Pamela Jacobson Pamela JACOBSON — 3-27-02 — 321-228-4290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #