

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90128 015 \*\*\*150.00

DOCUMENT # P02000011644

1. Entity Name  
LITESPEED COURIER SOLUTIONS, INC.



Principal Place of Business  
3071 N. ORANGE BLOSSOM TR.  
SUITE M  
ORLANDO FL 32804

Mailing Address  
3071 N. ORANGE BLOSSOM TR.  
SUITE M  
ORLANDO FL 32804



2. Principal Place of Business

227 N. Magnolia Ave.

Suite, Apt. #, etc.

Suite 205

City & State  
Orlando, FL

Zip  
32804

Country  
USA

3. Mailing Address

227 N. Magnolia Ave.

Suite, Apt. #, etc.

Suite 205

City & State  
Orlando, FL

Zip  
32801

Country  
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0592109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLABAUGH, SHAWN L  
3071 N. ORANGE BLOSSOM TR.  
SUITE M  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name  
Tony Watson

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

156 Groveland Farms Rd.

City  
Groveland

FL

Zip Code

34736

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

4/1/03

**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 PD  
NAME CLABAUGH, SHAWN L  
STREET ADDRESS 3071 N. ORANGE BLOSSOM TR. SUITE M  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE VD  
NAME CLABAUGH, DANIEL G.  
STREET ADDRESS 3071 N. ORANGE BLOSSOM TR. SUITE M  
CITY-ST-ZIP ORLANDO FL 32804 ☒ Delete

TITLE SD  
NAME CLABAUGH, BRANDA K  
STREET ADDRESS 3071 N. ORANGE BLOSSOM TR. SUITE M  
CITY-ST-ZIP ORLANDO FL 32804 ☒ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP  
NAME Katina Watson  
STREET ADDRESS 156 Groveland Farms Rd.  
CITY-ST-ZIP Groveland, FL 34736 ☒ Change ☐ Addition

TITLE Secretary  
NAME Shawn Clabaugh  
STREET ADDRESS 227 N. Magnolia Ave. #205  
CITY-ST-ZIP Groveland, FL 34736 ☒ Change ☐ Addition

TITLE Treasurer  
NAME Tony Watson  
STREET ADDRESS 156 Groveland Farms Rd  
CITY-ST-ZIP Groveland, FL 34736 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

352-429-0906

Date

Daytime Phone #

CR2E034 (10/02)