

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90139 003 ***150.00

05/6/40 AV

DOCUMENT # P02000011852

1. Entity Name
ALL FLORIDA COURIER EXPRESS INC.



Principal Place of Business
**8150 ALHAMBRA COURT
SPRING HILL FL 34606**

Mailing Address
**8150 ALHAMBRA COURT
SPRING HILL FL 34606**



2. Principal Place of Business
8150 Alhambra Court
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Spring Hill FL
Zip
34606
Country
Hernando

City & State
Zip
Country

4. FEI Number
300052206

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARCI, JAMES E
108 COMMERCIAL WAY
SPRING HILL FL 34606**

Same

7. Name and Address of New Registered Agent

Name

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

City

Same

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, RONALD 8150 ALHAMBRA COURT SPRING HILL FL 34606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYDEN, CHRISTOPHER J 9352 MCINTIRE ROAD BROOKSVILLE FL 34601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAYDEN, STEVEN 8150 ALHAMBRA COURT SPRING HILL FL 34606	☐ 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
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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: Ronald Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 **352-666-7222**
Date Daytime Phone #

CR2E034 (10/02)