

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91514 005 ***150.00

DOCUMENT # *002000039387*

1. Entity Name

Superior Postal Express Inc



DO NOT WRITE IN THIS SPACE

10089896

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4523 TAMARIND DR

Suite, Apt. #, etc.

4523 TAMARIND DR

City & State

PACE FL

City & State

PACE FL

Zip

32571

Country

SANTA ROSA

Zip

32571

Country

SANTA ROSA

4. FEI Number

02 0579426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *CARL M. TUTT SR.*

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

4515 TAMARIND DR

City *PACE*

FL

Zip Code

32571

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

Carl M. Tutt Sr.

CARL M. TUTT SR. POST D 4-21-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

*D
CARL M. TUTT SR
4515 TAMARIND DR
PACE FL 32571*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*POST
CARL M. TUTT SR
4515 TAMARIND DR
PACE FL 32571*

TITLE

NAME

STREET ADDRESS

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl M. Tutt Sr.

CARL M. TUTT SR 4-21-2003 850-9941800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)