FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90071 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000039732

1. Entity Name
PERSONALIZED PERMITS AND COURIER SERVICES INC.

Principal Place of Business	Mailing Address
952 N.W. 66TH AVE MARGATE, FL 33063	952 N.W. 66TH AVE MARGATE, FL 33063

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
952 NW 66 AVE		952 NW 66 AVE	
Suite, Apt. #, etc.: N/A		Suite, Apt. #, etc.: N/A	
City & State: MARGATE, FL		City & State: MARGATE, FL	
Zip: 33063	Country: USA	Zip: 33063	Country: USA

4. FEI Number: 42-1534702 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUPAGE, PATRICIA
952 N.W. 66TH AVE
MARGATE, FL 33063

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 Patricia A Humpage 08/11/03
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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PATRICIA A Humpage 1235 NW 66 AVE MARGATE, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Patricia A Humpage 08/11/03 954 968-2271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Attachment

#80138583

PERSONALIZED PERMITS AND COURIER SERVICES, INC.
952 NW 66th AVENUE
MARGATE FL 33063

PHONE: 954-968-2271 FAX: 954-968-3746

August 11, 2003

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Re P02000039732

To Whom It May Concern:

Please note we never received the original Corporation Renewal Form, as there are common addresses here with other businesses.

Please accept our payment of $150.00.

Thank you,

Patricia A Humpage

Patricia Humpage
President