2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT #   P02000102219 Ⓛ ✓

1. Entity Name
DUST TO DAWN COURIER SERVICE, INC.

55047960

Principal Place of Business	Mailing Address
1248 WALNUT GROVE WAY	1248 WALNUT GROVE WAY
ROCKLEDGE FL 32955	ROCKLEDGE FL 32955

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 41-2084115	Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHILDERS, BONNIE 1445 W KING ST COCOA FL 32922	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 ___
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SUMMERS, LYNN M STREET ADDRESS: 1248 WALNUT GROVE WAY CITY-ST-ZIP: ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: SUMMERS, ROBERT K STREET ADDRESS: 1248 WALNUT GROVE WAY CITY-ST-ZIP: ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ST NAME: BERRY, CAROLYN STREET ADDRESS: 999 SYCAMORE DR CITY-ST-ZIP: ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: BERRY, JOHN G STREET ADDRESS: 999 SYCAMORE DR CITY-ST-ZIP: ROCKLEDGE FL 32955	☐ 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

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: _SIGNATURE_   05/28/03   302-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #