

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-25-2003 90087 039 ***150.00

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DOCUMENT # P02000126010

1. Entity Name
SPARTAN COURIER, INC.



Principal Place of Business
**5565 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328**

Mailing Address
**5565 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-2087280

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

**SPINK, RODGER L
5565 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SPINK, RODGER L**
CITY-ST-ZIP **5565 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Law Offices
Spink and Ouellette

RODGER L. SPINK
ADAM J. OUELLETTE

Attachment #

90146512

P02000126010

5655 S. UNIVERSITY DRIVE

Davie, Florida 33328

TELEPHONE (954) 689-0061

FACSIMILE (954) 689-0064

July 21, 2003

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

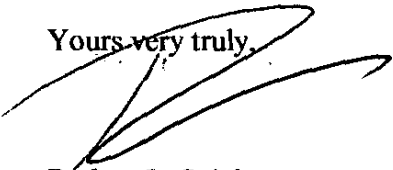
Re: Uniform Business Report/2003/Spartan Courier, Inc.

Dear Sir(s):

Please be advised that we never received the yearly Uniform Business Report for this Company this year, therefore we are requesting that you waive the \$550.00 late fee. We have also enclosed our check in the amount of \$150.00 which represents your fee for filing the said Uniform Business Report for the year 2003.

If you should have any questions, please feel free to give our office a call. Thank you.

Yours very truly,


Rodger L. Spink
For the Firm

RLS/lsm
Enclosures