

1/17/01-9

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-17-2001 90098 004 ***150.00

DOCUMENT # P93000024896

1. Entity Name

M & R PONY EXPRESS, INC.

Principal Place of Business

7841 LEO KIDD AVE
PORT RICHEY FL 34668
US

Mailing Address

7841 LEO KIDD AVE
PORT RICHEY FL 34668
US

2. Principal Place of Business

7853 LEO KIDD AVE

3. Mailing Address

7853 LEO KIDD AVE

Suite, Apt. #, etc.

APT B

Suite, Apt. #, etc.

APT B

City & State

PORT RICHEY FL

City & State

PORT RICHEY FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-0063731

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PREAS, MARIA V
7841 LEO KIDD AVE
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name **MARIA V. ADAMS (NAME CHANGE)**

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

7853 LEO KIDD AVE**APT B**

City

PORT RICHEY

FL

Zip Code

34668

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.

SIGNATURE *Maria V. Adams*

1-31-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **ADAMS, MARIA Y**
 STREET ADDRESS **7841 LEO KIDD AVE**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7853 LEO KIDD AVE APT B**
 CITY-ST-ZIP

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria V. Adams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA V. ADAMS

1-3-01

Date

727-848-7557

Daytime Phone #

* Please note - some agent - only change if name

CR2E034 (10/00)