

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060709

1. Entity Name

RUSH MESSENGER SERVICE OF ORLANDO, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90095 008 ***150.00

Principal Place of Business

Mailing Address

3208-C E. COLONIAL DR.
ORLANDO FL 328033208-C E. COLONIAL DR.
ORLANDO FL 32803-5122

00010033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3751 MAGUIRE BLVD

3. Mailing Address

3751 MAGUIRE BLVD

Suite, Apt. #, etc.

121

Suite, Apt. #, etc.

121

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32803

Country

USA

Zip

32803

Country

USA

4. FEI Number

59-3206879

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FIRTELL, SHAWN
3208-C E. COLONIAL DR.
ORLANDO FL 32803

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.

SIGNATURE

SHAWN FIRTELL

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME FIRTELL, SHAWN
STREET ADDRESS 3208-CE COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32803TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SHAWN FIRTELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-00 407-896-7874

Daytime Phone #

CR2E034 (9/99)