

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086134

1. Entity Name

SPRINTER EXPRESS, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90194 042 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1070 E 1000 NORTH~~

~~PO BOX 130~~

~~FORTVILLE IN 46040-0315~~

~~FORTVILLE IN 46040-0130~~

9272 N BARNARD RD

GREENFIELD IN 46140-9022

2. Principal Place of Business

3. Mailing Address

9272 N. BARNARD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GREENFIELD, IN

4. FEI Number

59-3213222

Applied For

Not Applicable

Zip

Country

HANCOCK

Zip

46140-9022

Country

HANCOCK

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

PATE, DONALD B

~~337 E ROBERTSON STREET~~ 777 WEST LUMSDEN RD

BRANDON FL 33511

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

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LADNYK, WALTER N	
STREET ADDRESS	<del>1070 E 1000 NORTH</del> 9272 N BARNARD RD	
CITY-ST-ZIP	<del>FORTVILLE IN 46040-0315</del> GREENFIELD IN 46140	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LADNYK, KIM L	
STREET ADDRESS	<del>1070 E 1000 NORTH</del> 9272 N BARNARD RD	
CITY-ST-ZIP	<del>FORTVILLE IN 46040-0315</del> GREENFIELD IN 46140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

~~SIGNATURE~~ Kim L. LADNYK 4-25-00 (317) 326-7362

CR2E034 (9/99)