

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90155 018 ***150.00

CREATION AV

DOCUMENT # P94000085994

1. Entity Name
DISPATCH SERVICE OF PALM BEACH, INC.

Principal Place of Business
**2460 METROCENTRE BLVD
 W PALM BEACH FL 33407**

Mailing Address
**2460 METROCENTRE BLVD
 W PALM BEACH FL 33407**



2. Principal Place of Business
~~2460 Metrocentre Blvd~~
 Suite, Apt. #, etc.

3. Mailing Address
~~Same~~
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
W. Palm Beach FL

Zip
33407

Country
Palm Bch

City & State
~~Same~~

Zip
~~Same~~

Country

4. FEI Number **65-0539541**

Applied For
 Not Applicable

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

**GERST, MICHAEL R
 1922 PRESIDENTIAL WAY
 W PALM BEACH FL 33401**

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

DATE **04/01/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	GERST, MICHAEL R	
STREET ADDRESS	1922 PRESIDENTIAL WAY	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)