

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016727

1. Entity Name

NATIONAL PARCEL LOGISTICS, INC.

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

02-28-2000 90186 039 ***150.00

Principal Place of Business

Mailing Address

6028 BENJAMIN RD
TAMPA FL 33634
US

6028 BENJAMIN RD
TAMPA FL 33634-4488
US

2. Principal Place of Business

5415 W. SLIGH AVE

3. Mailing Address

5415 W. SLIGH AVE

Suite, Apt. #, etc.

107

City & State

TAMPA, FLORIDA

City & State

TAMPA, FL

Zip

33634

Country

UNITED STATES

Zip

33634

Country

UNITED STATES



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3363151

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

MANUCHIA, DONALD
10502 HENDERSON ROAD
TAMPA FL 33625

Name

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

5907 BOB HEAD RD
PLANT CITY

FL

Zip Code

33565

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 ☐ Delete
NAME P
STREET ADDRESS MANUCHIA, DONALD
CITY-ST-ZIP 10502 HENDERSON ROAD
TAMPA FL 33625

TITLE ☒ Change ☐ Addition
NAME 5907 BOB HEAD ROAD
STREET ADDRESS PLANT CITY, FL 33565
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS MILLER, DAVID
CITY-ST-ZIP 9081 JENA ROAD
SPRING HILL FL 34608

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

TITLE ☐ Delete
NAME VP ADMINISTRATION
STREET ADDRESS DOVID G. ROZEY
CITY-ST-ZIP 17601 NELSON RD
SPRINGHILL FL 34610

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD MANUCHIA - President

2/16/00
Date

813 886 4220
Daytime Phone #

FILED 2/28/00