

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90361 007 ***150.00

DOCUMENT # P96000016727

1. Entity Name
NATIONAL PARCEL LOGISTICS, INC.



Principal Place of Business
5415 W SLIGH AVE
#107
TAMPA FL 33634
US

Mailing Address
5415 W SLIGH AVE
#107
TAMPA FL 33634
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3363151**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANUCHIA, DONALD
5907 BOB HEAD RD
PLANT CITY FL 33565

Name

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

5415 W. SLIGH AVE #107

City **TAMPA**

FL

Zip Code **33634**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald Manuchia President*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/8/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MANUCHIA, DONALD**
STREET ADDRESS **5907 BOB HEAD RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☒ Change ☐ Addition
NAME **5415 W SLIGH AVE #107**
STREET ADDRESS **TAMPA, FL 33634**
CITY-ST-ZIP

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

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

TITLE **VPA** ☒ Delete
NAME **RAZEY, DAVID**
STREET ADDRESS **17601 NELSON RD**
CITY-ST-ZIP **SPRING HILL 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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Donald Manuchia President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/8/03**

DAYTIME PHONE # **813-886-4220**

CR2E034 (10/02)