Principal Place of Business WoodCock Re BUTE 42 WOODCock Re BUTE 4	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000047835 1. Entity Name RAPID DELIVERY SERVICE OF JACKSONVILLE, INC.					FILED May 08, 2000 8:00 am Secretary of State 05-08-2000 90089 005 ***150.00		
Sume, Apr. R. ec. Sum, Apr. R. ec. Sum, Apr. R. ec. Sum, Apr. R. ec. Sum, Apr. R. ec. City & Same City & Same City & Same A FEI Number & S9-381100 Applied For. Zip Country S. Centron Str. Applied For. Applied For. Zip Country S. Centron Str. Applied For. Applied For. MOSS, GENE T Str. Applied For. Nume and Address of New Regulatered Agent Tr. MOSS, GENE T Str. Applied For. Nume and Address of New Regulatered Agent Tr. MOSS, GENE T Str. Applied For. Nume and Address of New Regulatered Agent Tr. MOSS, GENE T Str. Applied For. Nume and Address of New Regulatered Agent Tr. MOSS, GENE T Str. Applied For. Nume and Address of New Regulatered Agent Tr. MOSS, GENE T Str. Applied For. Nume and Address of New Regulatered Agent Tr. MOSS, GENE T Str. Applied For. Nume and Address of New Regulatered Agent Tr. MOSS, GENE T Str. Applied For. FL Tr. Tr. MOSS, GENE T Str. Applied Fo	UCODCOCK DR.		4040 WOODCOCK DR. SUITE 102					
City & State A. FEI Number Sp3 388 100 Acceleration Net Acceleration Zip Country 4.9 Country 8. Centricate of Status Desired B. 75 Acguidantion Zip Country 4.9 Country 8. Centricate of Status Desired B. 75 Acguidantion B. Name and Address of Current Registered Agent Numa and Address of Nume Neglistered Agent Numa and Address of Nume Neglistered Agent MOSS, CERF I 337 E BAY ST. Numa and Address of Day Number Is its Address of Number Is its Address of Number Is its Address of Day Number Is	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country Zip Country 8. Cantification of Status Desired Set 37.6 Address of Status Desired 6. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent MOSS, GCNE I 337 E BAY ST. Name and Address of Day Namber & New Registered Agent Name and Address of New Registered Agent MOSS, GCNE I 337 E BAY ST. Name and Address of Day Namber & New Registered Agent T. MOSS, GCNE I 337 E BAY ST. Name and Address of Day Namber & New Registered Agent T. JACKSONNLLE FL 2020 Day Manber & New Registered Agent FL 4 The Control Day Namber & New Registered Agent JACKSONNLLE FL 2020 The Leven American Agent FL 1 The Control Day Namber & New Registered Agent Status of Equation St. The Control Day Namber & New Registered Agent The Control Day Namber & New Registered Agent The Control Day Namber & New Registered Agent Status of Equation St. The Control Day Namber & New Registered Agent The Control Day Namber & New Registered Agent The Control Day Namber & New Registered Agent Status of Equation St. The Control Day Namber & New Registered Agent The Control Day Namber & New Registered Agent The Control Day Namber & New Registered Agent Status of Equation Status The Contro Con	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Zio Country Zip Country 5. Certification of Status Desired Status Desired A. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent MOSS. GENE T 337 E. BAY ST. Status Desires // C. Bay St. Status Desires // C. Bay St. Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P Juck Scott P <t< td=""><td colspan="2">City & State</td><td colspan="2">City & State</td><td>4.</td><td>FEI Number 59-338110</td><td></td><td></td></t<>	City & State		City & State		4.	FEI Number 59-338110		
A name and Address of Gurrent Registered Agent Norm Norme and Address of New Registered Agent Norm Norme and Address of New Registered Agent Norm	Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional
MOSS. GENE T 337 E. BAY ST. JACKSONVILLE FL 32022 Sum Aligned Agents FLO Agents FLO Agents FLO Agents Jacksonville FL 3202 Status of the state state of the state of the state of the state of the sta		6. Name and Address of Current R	egistered Agent		7.	Name and Address of New		d
SIGNATURE High High 9. This corporation is eligible to satisfy its intangible Tax fing requirement and elects to do so The ENVILLE FLS \$150.00 Make Check Payable to Department of State 10. Electon Campaign Financing Trust Fund Cantribution. \$5.00 May Be Added to Fees 11. PD OFFICERS AND DIRECTORS 12. Added to Fees 11. PD OFFICERS AND DIRECTORS 12. Added to Fees 11. PD OFFICERS AND DIRECTORS IN 11 The Maxe Inter May 1,2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Electon Campaign Financing Trust Fund Cantribution. \$5.00 Make Check Payable to Department of State 11. PD OFFICERS AND DIRECTORS IN 11 Inter May 1,2000 Fee will be \$550.00 Make Check Payable to Department of State Inter May 1,2000 Fee will be \$550.00 Maxee Inter May 1,2000 Fee will be \$550.00 Make Check Payable to Department of State Inter May 1,2000 Fee will be \$550.00 Maxee Inter May 1,2000 Fee will be \$550.00 Make Check Payable to Department of State Inter May 1,2000 Fee will be \$550.00 Maxee Inter May 1,2000 Fee will	337 E. BAY ST.			Street A	2 500	Box Number is Not Acceptat	ole) S	÷16
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State The Electoric dampaign Hindholing \$5.000 May Be Added to Fees 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE D Intel State Intel State Change Added to Fees ITTLE VANSLEY, RONALD W State State ADDRESS Change Added to Fees ITTLE VANSLEY, RONALD W State State ADDRESS Change Added to Fees ITTLE VANSLEY, RONALD W State ADDRESS Change Added to Fees ITTLE STD Intel State Intel ADDRESS Change Added to Fees ITTLE STD Intel ADDRESS Change Added to Fees Other State STEEF ADDRESS ITTLE STD Intel ADDRESS Intel ADDRESS Change Added to Fees ITTLE STD Other State Intel ADDRESS Change Added to Fees ITTLE STD Other State Intel ADDRESS Change Added to Fees ITTLE STD Intel	SIGNATURE	Signature, typed or printed name of registered agent a	d title if applicable. (NOTE:	Registered Agent signat	ure required when r		=lorida. <u>4/26/01</u> DATE	
TITLE PD Intelligence Intelligence <td colspan="3">Tax filing requirement and elects to do so. After MAY 1, 2000</td> <td>0 Fee will be \$5</td> <td>550.00 t of State</td> <td>Trust Fund Contribut</td> <td>ion. C Added</td> <td>to Fees</td>	Tax filing requirement and elects to do so. After MAY 1, 2000			0 Fee will be \$5	550.00 t of State	Trust Fund Contribut	ion. C Added	to Fees
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NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 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: Statute:	NAME Street address		Delete	NAME STREET ADDRESS			Change	Addition
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	SIGNA		R DIRECTOR		/13/00 Date			