

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90024 014 \*\*\*150.00

**DOCUMENT # P97000018281**

1. Entity Name

**VANGO COURIER SERVICES INC.**

Principal Place of Business

Mailing Address

842 HOPE STREET  
 PROVIDENCE RI 02906

P.O. BOX 1004  
 NORTH KINGSTOWN RI 02852-0613

2. Principal Place of Business

3. Mailing Address

60 SUNNYBROOK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH KINGSTOWN RI

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

02852

Country

USA

Zip

Country

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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  Delete  
 NAME **D**  
 STREET ADDRESS **GOSSELIN, THOMAS A**  
 CITY-ST-ZIP **842 HOPE STREET**  
**PROVIDENCE RI 02906**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **GOSSELIN, THOMAS**  
 CITY-ST-ZIP **60 SUNNYBROOK DR**  
**NORTH KINGSTOWN RI 02852**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 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 fees empowered.

SIGNATURE: *Thomas A. Gossein* **THOMAS A. GOSSELIN** 1-401-454-3514  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-877-454-3514  
 Date 1-27-2000 Daytime Phone #

CR2E034 (9/99)