## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P97000033942** Feb 04, 2000 8:00 am **Secretary of State** RUSH MESSENGER SERVICE WEST, INC. 02-04-2000 90017 030 \*\*\*150.00 Principal Place of Business Mailing Address 16520 S. TAMIAMI TRL., STE, 18/246 16520 S. TAMIAMI TRL., STE, 18/246 FT. MYERS FL 33908-4569 FT. MYERS FL 33908 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number 59-3447002 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FIRTELL, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 27343 IMPERIAL OAKS CIRCLE **BONITA SPRINGS FL 34135** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE tirtell, Strobus TITLE FIRTELL, STEPHEN NAME STREET ADDRESS 27343 IMPERIAL OAKS CIR STREET ADDRESS onita Springs, FC 3 CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34135 Change Addition Delete TITLE Tetell, Theilesa NAME FIRTELL, THERESA NAME 252728111WKU PKW 27343 IMPERIAL IAKS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.