2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State
01-13-2001 90004 038 ***150.00

DOCUMENT # P97000046566

1. Entity Name
SKEETER'S POSTAL EXPRESS, INC.

Principal Place of Business
2875 W. MICHIGAN AVE.
PENSACOLA FL 32526

Mailing Address
2875 W. MICHIGAN AVE.
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3450004 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, FRANK D
2875 W. MICHIGAN AVE.
PENSACOLA FL 32526

7. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 ☐ Delete

TITLE	D
NAME	HAYES, FRANK D
STREET ADDRESS	2875 W. MICHIGAN AVE.
CITY-ST-ZIP	PENSACOLA FL 32526

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

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

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

Frank D. Hayes 1-6-01 850 941
SIGNATURE OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frank D. Hayes
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR