2002 UNIFORM BUSINESS REPORT (UBR) Feb 20, 2002

DOCUMENT #

P98000017559

SHIP IT QUICK INC

Principal Place of Business

Mailing Address

5320 LITTLE RD.

1. Entity Name

5320 LITTLE RD.

NEW PORT RICHEY FL 34655

NEW PORT RICHEY FL 34655

3. Mailing Address
•
Suite, Apt. #, etc.
<u>.</u>



02-20-2002 90060 014 ***150.00



Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	4. FEI Number 59-3495613			oplied For	
Zip		Country	Zip	Cour	ntry	5.	Certificate of Status Desired		8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
					Name						
KOPPMANN, RETA C 7636 HAIG COURT				~.	Street Address (P.O. Box Number is Not Acceptable)						
	many	1 34656						,			
NEW PORT RICHEY FL 34656					City FL Zip Code						
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o. The above	named enuly	y submits this statement for	the purpose of changing its r	egister	ea onice or	registered aç	gent, 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											
		ible to satisfy its Intangible	FILE NOW!!				10. Election Campaign Financing	,	ec o	0.4	
		and elects to do so.		After May 1, 2002 Fee			Trust Fund Contribution.	′ □	\$5.00 May Be Added to Fees		
(See criter	ia on back)		Make Check Payabl	e to De	epartment	of State	Troot of the College	_	Hadac	. 10 1 003	
11. OFFICERS AND DIRECTORS 12.						IA	DDITIONS/CHANGES TO OFFICERS	AND I	DIRECTORS	S IN 11	
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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											

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:

SIGNAL AND TYPED OR PRINTED NAME OF SIGNAMO OFFICE OR DIRECTOR

02/04/02 375-588/

CHZE034 (9/01