

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017937

1. Entity Name
CTS COURIER, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90034 031 ***550.00

Principal Place of Business
69 ALAMANDA DR.
ORMOND BEACH FL 32176

Mailing Address
69 ALAMANDA DR.
ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3487886**

Applied For

Not Applicable

Zip

Country

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

TACKETT, CLAUDETTE I
69 ALAMANDA DR.
ORMOND BEACH FL 32176

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST TACKETT, CLAUDETTE I 69 ALAMANDA DR. ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE (CLAUDETTE I. TACKETT)

7/13/00

904-411-6575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime

Phone #

Attachment P9900 70 88504
30104172

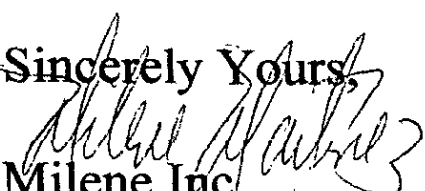
July 27th, 2000

TO: Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

From: Milene Inc.
3301 SW 97th Court
Miami, Florida 33165

The reasons for this letter is to inform you that as of today Milene Inc. has not received the first notice of renewal for the year 2000. That is the reason why this \$150.00 fee was never paid. we just received the second notice with a fee of \$550.00 . My company has not open for business yet. We just file to open a corporation in the month of November . Please accept this \$150.00 as a payment for the renewal of my corporation.

Sincerely Yours,


Milene Inc.

attachment P98 000 017937

B0104171

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Please find enclosed a check for \$550.00. I ask that you forgive the \$400.00 late filing penalty because in the past I have used independent bookkeeping services, but earlier this year decided to do this paperwork myself.

With gross receipts of less than \$16,000.00 this year to date, CTS Inc. can not afford to hire this work out and neither can this company afford a \$400.00 late fee.

Thank you for your consideration in this.

Sincerely,

MLL NA

Claudette Tackett

CTS Courier, Inc.