

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90333 032 \*\*\*150.00

0140482 AT

**DOCUMENT # P98000022327**

**1. Entity Name**

**RUNNERS TRANSPORTATION SERVICE, INC.**



**Principal Place of Business**

**P.O. BOX 11342**

**BRADENTON FL 34282**

**Mailing Address**

**P.O. BOX 11342**

**BRADENTON FL 34282**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 65-0823949**

Applied For  
Not Applicable

**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**

**KOPKE, PATRICIA  
2203 CLARK AVENUE  
BRADENTON FL 34207**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOPKE, PATRICIA</b> <b>2203 CLARK AVE.</b> <b>BRADENTON FL 34207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOPKE, STEPHEN</b> <b>2203 CLARK AVE</b> <b>BRADENTON FL 34207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Thomas Panchy, IV</i> <i>2203 Clark Ave</i> <i>Bradenton FL 34207</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*07/08/03* *944/755-6165*  
Date Daytime Phone #

CR2E034 (4/03)

Attachment #

**RUNNERS TRANSPORTATION  
SERVICE, INC.**  
P. O. Box 11342  
Bradenton, FL 34282-1342

10110119  
Pg8000022327

07/08/03

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Runners Transportation Service, Inc.  
65-0823949

Dear Sir:

I have received a notice from you stating that my corporation is going to be dissolved if I do not send in my UBR and a fee of \$550.00

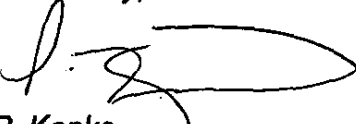
I previously filed this report with you. According to my records I mailed the UBR on 02/21/03 with my check #3456 made out to the Division of Corporations.

When I received this notice I checked with my bank and your check did not clear my account.

Therefore I am enclosing another check in the amount of \$150.00 and a new UBR. I also enclose a copy of the first check that I mailed and the first UBR that I mailed.

If you have any questions, please do not hesitate to contact me.

Yours truly,

  
P. Kopke

Please contact us at:  
TEL: (941)755-6165 or TOLL-FREE: (866)755-6165  
FAX: (941)752-1049  
Email: [runners.transportation@verizon.net](mailto:runners.transportation@verizon.net)