

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90023 046 ***150.00

DOCUMENT # P98000025625

1. Entity Name

METROPOLITAN COURIER SERVICE, INC.

Principal Place of Business

**165 EVERGREEN PARKWAY
 DE FUNIAK SPRINGS FL 32433**

Mailing Address

**165 EVERGREEN PARKWAY
 DE FUNIAK SPRINGS FL 32433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3503544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HABEL BUSINESS SERVICES, INC.
 50 CIRCLE DRIVE
 FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name
HABEL BUSINESS SERVICES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
16 SHALIMAR DRIVE
 City **SHALIMAR** FL Zip Code **32579**

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 *Cheleyn A. Habel, President*

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

(NOTE: Registered Agent signature required when reinstating)

1/31/2001
 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 \$150.00
After May 1, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 MILLER, BONNIE E
 165 EVERGREEN PARKWAY
 DE FUNIAK SPRINGS FL 32433** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 MILLER, JAMES W
 165 EVERGREEN PARKWAY
 DE FUNIAK SPRINGS FL 32433** ☒ Delete **DECEASED**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE: *Bonnie E. Miller, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Mar 02
 Date

850-892-0464
 Daytime Phone #

CR2E034 (9/01)