

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90742 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000040648

1. Entity Name
ON TIME COURIER, INC



90123131

Principal Place of Business
9647 RICHMOND CIRCLE
BOCA RATON, FL 33434

Mailing Address
9647 RICHMOND CIRCLE
BOCA RATON, FL 33434

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
65-0885022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSIN, NANCY M
9647 RICHMOND CIRCLE
BOCA RATON, FL 33434

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

SIGNATURE

Nancy M. Rusin

(NOTE: Registered Agent's signature required when returning)

DATE

4/22/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$250.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUSIN, NANCY M
STREET ADDRESS 9647 RICHMOND CIRCLE
CITY-STATE-ZIP BOCA RATON, FL 33434 ☐ Delete

TITLE VP
NAME RUSIN, GERARD B
STREET ADDRESS 9647 RICHMOND CIRCLE
CITY-STATE-ZIP BOCA RATON, FL 33434 ☐ Delete

TITLE VPR
NAME CHRISTOPHER, DOOLEY M
STREET ADDRESS 46 OAK BROOK COMMONS
CITY-STATE-ZIP CLIFTON PARK, NY 12085 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☒ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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: *Nancy M. Rusin* NANCY M RUSIN

DATE 4/22/04

561 441-6861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CONTACT PHONE #

CR2EC34 (10/02)