

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90051 010 \*\*\*150.00

DOCUMENT # 798000088545  
 1. Entity Name  
PARCELS TO GO, Inc.

Principal Place of Business Mailing Address  
5239 SOUTH JOHN YOUNG PARKWAY  
ORLANDO, FLORIDA 32839

2. Principal Place of Business Suite, Apt. #, etc. SAME AS ABOVE  
 3. Mailing Address Suite, Apt. #, etc. SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FLORIDA City & State ORLANDO, FL.  
 Zip 32839 Country USA Zip Country

4. FEI Number 59-3538186 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Attorney WILLIAM F. POOLE IV  
WOLA PARK CENTRE, SUITE 1180  
2302 EAST ROBINSON STREET  
ORLANDO, FLORIDA 32801

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>KANTIBHAI C. PATEL</u>	
STREET ADDRESS	<u>10051 OAKSIDE CT.</u>	
CITY-ST-ZIP	<u>ORLANDO, FL 32836</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>DAMIAN S. PITTS</u>	
STREET ADDRESS	<u>3813 DOUBLE EAGLE DRIVE, Apt. # 3216</u>	
CITY-ST-ZIP	<u>ORLANDO, FLORIDA 32839</u>	
TITLE	<u>VICE PRESIDENT</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>JOHN MOJA</u>	
STREET ADDRESS	<u>5616 WALKER'S CIRCLE</u>	
CITY-ST-ZIP	<u>ORLANDO, FLORIDA 32839</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] DAMIAN S. PITTS 3/27/00 407 850 9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)