

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 Zip Country
ORLANDO, FLORIDA
32839 USA

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
501A PARK CENTRE SUITE 1180
200 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
 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 \$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 PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME KANTIBHAI C. PATEL	
STREET ADDRESS 10051 OAKSIDE CT.	
CITY-ST-ZIP ORLANDO, FL 32836	
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 PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAMIAN S. PATEL	
STREET ADDRESS 3813 DOUBLE EAGLE DRIVE, Apt. #3216	
CITY-ST-ZIP ORLANDO, FLORIDA 32839	
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHN MOYA	
STREET ADDRESS 5616 NOLAN'S CIRCLE	
CITY-ST-ZIP ORLANDO, FLORIDA 32839	
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: **Shamian S. Patel** **3/27/00** **407 850 9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)