


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

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90067 005 ***150.00

DOCUMENT # P98.000089156
1. Entity Name
AAA-ABE Courier Express



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc. _____

3. Mailing Address
13725 Spanish Marsh Tel
Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State Jacksonville, FL City & State Jacksonville, FL 4. FFL Number 59-3540230 Applied For
Not Applicable

Zip 32225 Country USA Zip 32225 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Marsha London
Street Address (P.O. Box Number is Not Acceptable) 13725 Spanish Marsh Tel
City Jacksonville FL 32225

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 Marsha London DATE 5/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>OP Director Marsha London 13725 Spanish Marsh Tel Jax, FL 32225</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Jimm Sparks 13725 Spanish Marsh Tel Jax, FL 32225</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marsha London DATE 5/15/03 (904) 220-6763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34B (12/02)