

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102182

1. Entity Name

XPRESSPAK DELIVERY SERVICE, INC.

Principal Place of Business

1837 SE FEDERAL HWY
STUART FL 34994-2122

Mailing Address

1837 SE FEDERAL HWY
STUART FL 34994-3977

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 65-0878541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, JOSEPH R
49 KINDRED ST
STUART FL 34994

Name CYNTHIA KRISKO
Street Address (P.O. Box Number is Not Acceptable)
3834 SE JEFFERSON
City STUART FL Zip Code 34997

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KRISKO, CYNTHIA
STREET ADDRESS 1837 SE FEDERAL HWY 3834 SE JEFFERSON
CITY-ST-ZIP STUART FL 34994-2122 34997

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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: CYNTHIA J. KRISKO Pres. 4/28/00 561-781-3922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90123 047 ***150.00