

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90095 023 ***150.00

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DOCUMENT # P98000102182

1. Entity Name
XPRESSPAK DELIVERY SERVICE, INC.

Principal Place of Business Mailing Address
1837 SE FEDERAL HWY 1837 SE FEDERAL HWY
STUART FL 34994-2122 STUART FL 34994-2122

2. Principal Place of Business 3. Mailing Address
3834 SE Jefferson PO Box 1028
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **STUART FL** City & State **PT. SALENO FL** 4. FEI Number **65-0878541** Applied For
 Not Applicable
 Zip **34997** Country **USA** Zip **34992** Country **USA** 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
KRISKO, CYNTHIA Name
3834 SE JEFFERSON Street Address (P.O. Box Number is Not Acceptable)
STUART FL 34997 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KRISKO, CYNTHIA 3834 SE JEFFERSON STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **CYNTHIA J. KRISKO PRES.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4130101** Date **5-14-2001** 561-781-3922

CR2E034 (10/00)