

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

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90699 010 ***150.00

DOCUMENT # **P98000108346**

1. Entity Name

AACORD COURIER, INC.



DO NOT WRITE IN THIS SPACE

66424690

2. Principal Place of Business

1111-A Enterprise Court

3. Mailing Address

1111-A Enterprise Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Holly Hill, FL

City & State

Holly Hill, FL

4. FEI Number

59-3553672

Applied For

Not Applicable

Zip

32117

Country

Volusia

Zip

32117

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KAREN PERRY

Street Address (P.O. Box Number is Not Acceptable)

694 BUENA VISTA AVENUE

ORMOND BEACH

City

FL

Zip Code

32174

**DO NOT WRITE
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$350.00

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	P/V/T/S/D/C/M
NAME	Karen Perry
STREET ADDRESS	694 Buena Vista Avenue
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Karen Perry

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/28/04

Date

386-2524611

Daytime Phone #

CR2E034B (12/02)