

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90237 018 ***150.00

DOCUMENT # **P99000001796**

1. Entity Name

ESQUIRE BONDED COURIER, CORP.



DO NOT WRITE IN THIS SPACE

94074833

2. Principal Place of Business

5851 64 TE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2031

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

4. FEI Number

59-3552583

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33780-2031

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PINELLAS TAX & ACCOUNTING

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

8 AV S.W.

City

LARGO

FL

Zip Code

337

**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

William K. Herkert, III

WILLIAM K. HERKERT, III

ACCOUNTANT

April 28, 2004

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 \$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
DPTS
EDWARD A JOHNSON
5851 64 TE
PINELLAS PARK, FL 33781

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
JANICE A TINSLEY
5851 64 TE
PINELLAS PARK, FL 33781

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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:

Edward A. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

727-544-3926

Daytime Phone #

CR2E034B (12/02)