

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90093 020 ***150.00

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DOCUMENT # P99000006979

1. Entity Name
COURIER FINANCIAL SERVICES, INC.



Principal Place of Business
**12923 BIG SUR DRIVE
TAMPA FL 33625-4115**

Mailing Address
**12923 BIG SUR DRIVE
TAMPA FL 33625-4115**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3550597**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**LOCKHART, MARY E
12923 BIG SUR DRIVE
TAMPA FL 33625-4115**

Name

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

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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
P LOCKHART, MARY E
STREET ADDRESS **12923 BIG SUR DRIVE**
CITY-ST-ZIP **TAMPA FL 33625-4115**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Change Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary E. Lockhart* **Mary E. Lockhart**

Date **8/26/03** Daytime Phone # **(813) 969-4258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Courier Financial Services, Inc.

12923 Big Sur Drive
Tampa, Florida 33625-4115

Phone: (813) 969-4258
Fax: (813) 908-3740

Attachment
80142080
P99000006979

August 27, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

The enclosed form is the only one received by us. I am writing to request your forbearance in waiving the late fee.

If this request cannot be granted, please advise and a check will be sent for the additional \$400.00. We are a small office, however, we will always want to remain in "good standing".

When calling Tallahassee, I was advised that a previous notice was sent. We did not receive any prior notice to the enclosed, requesting the late fee.

Thanking you for your kind consideration, I am,

Sincerely,

Mary E. Lockhart

Mary E. Lockhart