

2000 UNIFORM BUSINESS REPORT (UBR)

6/9/00-90007-031-\$150.00-\$150.00

DOCUMENT # P99000018459

1. Entity Name

Elite Courier Corp: N/C 3-6-2000

Principal Place of Business

Mailing Address

3536 Moon Bay Circle
Wellington, FL 33414

3536 Moon Bay Circle
Wellington, FL 33414

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

65-0898053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 JUL 10 AM 11:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

David Jay Floyd

(If FFI Number is Not Applicable)

33436

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

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

(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 NAME ☐ Delete

President David Jay Floyd

500 Via Lugano Cir. #204

Boynton Beach, FL 33436

TITLE NAME ☐ Delete

Treasurer - Secretary William E. Licht

3536 Moon Bay Circle

Wellington, FL 33414

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

Date

4/24/00

Daytime Phone #

561 719-9835

KE

CR2E034 (9/99)