

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 032 ***158.75

DOCUMENT # **P9900DD18459**

1. Entity Name

ELITE COURIER CORP.



DO NOT WRITE IN THIS SPACE

90120969

2. Principal Place of Business

1732 SOUTH CONGRESS AVE

Suite, Apt. #, etc. **# 237**

3. Mailing Address

1732 SOUTH CONGRESS AVE

Suite, Apt. #, etc. **237**

DO NOT WRITE IN THIS SPACE

City & State **Palm Springs FL**

Zip **33461** Country **USA**

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Zip **33461** Country **USA**

4. FEI Number **65-0898053**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **WILLIAM E LIGHT**

Street Address (P.O. Box Number is Not Acceptable)
**1732 SOUTH CONGRESS AVE
237**

City **Palm Springs** FL Zip Code **33461**

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 E. Light, Pres & Treasurer 4/18/03**

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

(NOTE: Registered Agent signature required when reappointing)

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 **PRESIDENT**
NAME **WILLIAM LIGHT**
STREET ADDRESS
CITY-ST-ZIP **SAME AS ABOVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **LAURIE LIGHT**
NAME **VICE PRES**
STREET ADDRESS
CITY-ST-ZIP **SAME AS ABOVE**

TITLE
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CITY-ST-ZIP

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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: **William E. Light**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03
Date

561-248-1156
Daytime Phone #

CR2E034B (12/02)