

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

DOCUMENT # P99000018459

1. Entity Name

ELITE COURIER CORP.



DO NOT WRITE IN THIS SPACE

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

05-02-2003 90385 032 ***158.75

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

City & State
Palm Springs, FL

Zip 33461

Country USA

City & State
Palm Springs, FL

Zip 33461

Country USA

4. FEI Number
65-0898053

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name WILLIAM E. LICHT

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. Licht, Pres & Treasurer 4/18/03

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

(NOTE: Registered Agent signature required when registering)

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 LICHT
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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:

William E. Licht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 561-248-1156
Date Daytime Phone #

CR2E034B (12/02)