

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am
Secretary of State**

05-11-2001 90113 034 ***150.00

DOCUMENT # P99000032082

1. Entity Name

CREATIVE CONCEPTS COURIERS INC.

Principal Place of Business

**437 S OBSERVATORY DR
ORLANDO FL 32835**

Mailing Address

**P O BOX 617500
ORLANDO FL 32861-7500**

2. Principal Place of Business

849 FORESTER AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

Country

32809**USA.**

Zip

Country

4. FEI Number **59-3571781**

Applied For

Not Applicable

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

MEGEL, MICHAEL C**437 S OBSERVATORY DR
ORLANDO FL 32835**

Name

MICHAEL C. MEGEL

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

849 FORESTER AVE

City

ORLANDO

FL

Zip Code

32809

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	TERRELL, SARA (SUE)	
STREET ADDRESS	437 S OBSERVATORY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	849 FORESTER AVE	
STREET ADDRESS	ORL. FL. 32809	
CITY-ST-ZIP		

TITLE	VST	<input type="checkbox"/> Delete
NAME	MEGEL, MICHAEL	
STREET ADDRESS	437 S OBSERVATORY DR	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	849 FORESTER AVE	
STREET ADDRESS	ORL, FL. 32809	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

4 25 01
MICHAEL C. MEGEL 407 888 4759

CR2E034 (10/00)