

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000032082**

1. Entity Name
Creative Concepts Couriers Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 18 PM 3:03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

849 Forester Av

3. Mailing Address

P.O. Box 617500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

Country

32809

Zip

Country

32861-7500

4. FEI Number

59-3571781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name

Sara (Sue) Terrell

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

849 Forester Av

City

Orlando

FL

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 **Sara (Sue) Terrell - Sara (Sue) Terrell President**

10-16-02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sara (Sue) Terrell 849 Forester Ave Orlando, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600008702576 10/30/02--01076--022 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP M. Diane Walker 849 Forester Ave Orlando, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carrie C. Turner 849 Forester Ave Orlando, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Sara (Sue) Terrell Sara (Sue) Terrell** **10-16-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-321-303-2926**

CR2E034B (12/01)