

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90110 035 \*\*\*550.00

**DOCUMENT # P99000048901**

1. Entity Name  
**COURIERXPRESS SE, INC.**



Principal Place of Business

RT.1 BOX 2630  
 LEE FL 32059

Mailing Address

RT.1 BOX 2630  
 LEE FL 32059

112100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3080-C W. THARPE ST.**

Suite, Apt. #, etc.  
**TALLAHASSEE,**

City & State  
**FLORIDA**

Zip  
**32303**

Country  
**USA**

3. Mailing Address

**P.O. BOX 387**

Suite, Apt. #, etc.  
**MONTICELLO**

City & State  
**FLORIDA**

Zip  
**32345**

Country  
**USA**

4. FEI Number **59-3591831**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, BILL C JR.**

RT.1 BOX 2630  
 LEE FL 32059

7. Name and Address of New Registered Agent

Name **JOHNSON, BILL C. JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**3080-C W. THARPE STREET**

City **TALLAHASSEE**

FL

Zip Code **32303**

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 **Bill C. JOHNSON, JR. President**

**7-5-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE **PD**  
 NAME **JOHNSON, BILL C JR**  
 STREET ADDRESS **RT 1 BOX 2630**  
 CITY-ST-ZIP **LEE FL 32059** ☐ Delete

TITLE **VD**  
 NAME **HEIM, JENNIFER L**  
 STREET ADDRESS **RT 1 BOX 2630**  
 CITY-ST-ZIP **LEE FL 32059** ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3080-C W. THARPE STREET**  
 CITY-ST-ZIP **TALLAHASSEE, Florida 32303**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Bill C. JOHNSON, JR. President** **7-5-2001** **850-385-4833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0106989 AT

CR2E034 (5/01)