

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0117345 AV

DOCUMENT # P99000049031

1. Entity Name

CABBY'S COURIER SERVICE, INC.

03-06-2002 90014 040 ***163.75

Principal Place of Business

**419 W. ARDEN ST.
 COCOA FL 32926**

Mailing Address

**419 W. ARDEN ST.
 COCOA FL 32926**

2. Principal Place of Business

340 MAPLEWOOD BLVD
 Suite, Apt. #, etc.

3. Mailing Address

340 MAPLEWOOD BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COCOA, FL

City & State

COCOA, FL

4. FEI Number

59-3612900

Applied For

Not Applicable

Zip

32926

Country

BREVARD

Zip

32926

Country

BREVARD

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CABALLERO, BILL
 419 W. ARDEN ST.
 COCOA FL 32926**

7. Name and Address of New Registered Agent

Name **CABALLERO, BILL**
 Street Address (P.O. Box Number is Not Acceptable)

340 MAPLEWOOD BLVD
 City **COCOA** FL Zip Code **32926**

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, 2002 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

TITLE ☒ Delete
 NAME **D CABALLERO, BILL**
 STREET ADDRESS **419 W. ARDEN ST.**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 **D CABALLERO, BILL**
 STREET ADDRESS **340 MAPLEWOOD BLVD**
 CITY-ST-ZIP **COCOA, FL 32926**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

William E. Caballero
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02 (321) 635-8404

Date

Daytime Phone #

CR2E034 (9/01)