## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

Principal Place of Business

340 MAPLEWOOD BLVD

COCOA EL 2202

P99000049031

Mailing Address

340 MAPLEWOOD BLVD

1. Entity Name

CABBY'S COURIER SERVICE, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90118 046 \*\*\*150.00

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WWW FL	32320		W	JUA FL 32926						
US US										
2. Principal Place of Business			3. Ma	3. Mailing Address				) (DE)  831 ( D   6  1   6    QB    BB  ) BB	:	188 11101 1181 1881
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State				City & State			4	4. FEI Number 59-3612900 Applied For Not Applica		
Zìp	Zip Country			Zip Co		itry	5	5. Certificate of Status Desired S8.75 Addit Fee Required		dditional
6. Name and Address of Current Registered Agent						T	7.	. Name and Address of New Regist	ered Agent	<del>_</del>
CABALLERO, BILL						Name				
340 MAPLEWOOD BLVD						Street Address (P.O. Box Number is Not Acceptable)				
COCOA FL 32926										
						City			FL Zip Co	de
8. The above the obligation	named entity tions of registe	submits this statement ered agent.	for the purp	oose of changing its	registere	ed office or re	gistered a	agent, or both, in the State of Florida.	I am familiar with	a, and accept
SIGNATURE	Signature, typed o	or printed name of registered age	ent and title if app	Dicable. (NOTE	: Registered	d Agent signature r	required wher	n reinstating) E	DATE	
<u>"</u>	II E NOWIII	EEE 10 0150 00								<del>-</del> -
FILE NOW!!! FEE IS \$150.00 - After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financin	g \$5.	<b>00</b> May Be
Make Check Payable to Florida Department of State								Trust Fund Contribution,		ed to Fees
10.	·	OFFICERS AN		l DRS	11.	<del></del> .			AND DIRECTO	DC IN 11
TITLE	D			☐ Delete	TITLE			CONTONS/CHANGES TO OFFICERS	Change	
NAME	CABALLER	O, BILL		L Delicie		NAME			☐ Change	Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE;

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CER OR DIRECTOR CABALLERO 1/3/03 (321)

Daytime Phone #

CR2E034 /10/0