

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91386 043 \*\*\*150.00

**DOCUMENT # P99000082023**  
 1. Entity Name  
**SHIPPINGFREIGHT.COM, INC.**

Principal Place of Business      Mailing Address  
**9950 11TH STREET N.**      **PO BOX 22912**  
**104**      **ST. PETERSBURG FL 33742**  
**SAINT PETERSBURG FL 33718**

2. Principal Place of Business      3. Mailing Address  
**1810 47th AVE N.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**ST. PETERSBURG FL**  
 Zip      Country      Zip      Country  
**33714**      **USA**

4. FEI Number      Applied For  
**59-3598037**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FINANCIAL FOUNDATIONS, INC.**  
**3150 SANDY RIDGE DRIVE**  
**CLEARWATER FL 33761**

7. Name and Address of New Registered Agent  
 Name: **DAVID C. BROWN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1810 47th AVE N.**  
 City: **ST PETERSBURG**      FL      Zip Code: **33714**

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: **David C. Brown President**      **David C. Brown**      **3/12/02**  
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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWN, DAVID C</b> <b>13080 GANDY BLVD.</b> <b>ST. PETERSBURG FL 33702</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BROWN DAVID C.</b> <b>1810 47th AVE N.</b> <b>ST. PETERSBURG FL 33714</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>THOMAS B ORR</b> <b>10401 SNUG HARBOR N.E. #85</b> <b>ST. PETERSBURG FL 33702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information covered.

SIGNATURE: **THOMAS B ORR**      **4-18-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

ATTACHMENT 26490  
DOC# P99000082023/ [REDACTED]

2/14/02 CORPORATE DETAIL RECORD SCREEN 12:24 PM  
NUM: P99000082023 ST: FL ACTIVE/FL PROFIT FLD: 09/16/1999  
FEI#: 59-3598037  
NAME : SHIPPINGFREIGHT.COM, INC.  
PRINCIPAL: 9950 11TH STREET N. CHANGED: 05/01/00  
ADDRESS 104  
SAINT PETERSBURG, FL 33716  
MAILING : PO BOX 22912 CHANGED: 05/01/00  
ADDRESS ST. PETERSBURG, FL 33742  
RA-NAME : FINANCIAL FOUNDATIONS, INC.  
RA ADDR : 3150 SANDY RIDGE DRIVE  
CLEARWATER, FL 33761 US  
ANN REP : (2000) A 05/01/00 (2001) A 07/25/01

2/14/02 OFFICER/DIRECTOR DETAIL SCREEN 12:24 PM  
CORP NUMBER: P99000082023 CORP NAME: SHIPPINGFREIGHT.COM, INC.  
TITLE: P NAME: BROWN, DAVID C  
13060 GANDY BLVD.  
ST. PETERSBURG, FL 33702

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

26490

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : SHIPPINGFREIGHT.COM, INC.

2. The mailing address of the corporation : 1810 47<sup>TH</sup> AVE. N.  
ST PETERSBURG, FL 33714

3. Date of incorporation/qualification: 9-16-1999 Document number: 999000082023

4. The name and address of the current registered agent and office:  
INCORPORATE USA  
P.O. Box 7902  
CLEARWATER FL 34618

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

SHIPPINGFREIGHT.COM, INC.  
1810 47<sup>TH</sup> AVE. N.  
ST PETERSBURG FL 33714

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Thomas B. Orr  
(Signature of an officer, chairman or vice chairman of the board)

2-8-2002  
(Date)

THOMAS B. ORR VICE PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Thomas B. Orr  
(Signature of Registered Agent)

2-8-2002  
(Date)

If signing on behalf of an entity:

THOMAS B. ORR  
(Typed or Printed Name)

VICE PRESIDENT  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

THIS WAS DONE WRONG