

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089641

1. Entity Name
U-CAN-SHIP-IT, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90174 047 ***150.00

Principal Place of Business
2701 SO. BAYSHORE DR. STE. 606
COCONUT GROVE FL 33133

Mailing Address
2701 SO. BAYSHORE DR. STE. 606
COCONUT GROVE FL 33133-5360

2. Principal Place of Business
24 Dockside Lane

3. Mailing Address
24 Dockside Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key Largo FL

City & State
Key Largo FL

4. FEI Number
65-0953933

Applied For
Not Applicable

Zip
33037

Country
Dade

Zip
33037

Country
Dade

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMONS, FOY H
2701 SO. BAYSHORE DR. STE. 606
COCONUT GROVE FL 33133

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REID, DANIEL M		NAME		
STREET ADDRESS	2701 SO. BAYSHORE DR. STE. 606		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Daniel M. Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)