FILED

Sep 11, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State P99000091949 **DOCUMENT #** 09-11-2003 90096 040 ***150.00 1. Entity Name DOVERS DELIVERY INC. Principal Place of Business Mailing Address 3940 AUGUST DRIVE 3940 AUGUST DRIVE LAKE WORTH FL 33461 LAKE WORTH FL 33461 cipal Place of Business THUMBWOOD GRAE 8935=THUMBW Suite, Apt.,# M CHECK HERE IF MAKING CHANGES UNIT#A U心げ牛A City & State & State 4. FEI Number Applied For 65-0956035 BEACH, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOVER THOMAS DOVER, THOMAS Address (P.O. Box Number is Not Acceptable) CIRCLE 3940 AUGUST DRIVE LAKE WORTH FL 33461 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE-NOW!!!~FEG-18-\$150.00* \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🖬 Delete TITLE TITLE Change DOVER THOMAS 8935#A THUMBWOOD CIRCLE DOVER, THOMAS NAME NAME STREET ADDRESS 3940 AUGUST DRIVE STREET ADDRESS BOYNTON BEACH, FL 33436 LAKE WORTH FL 33461 CITY-ST-ZIP CITY-ST-ZIP TIDE Delete Change Change ☐ Addition chous Adrienne NAME NICHOLS, ADRIENNE NAME 8935#A THUMBWOOD CIRCLE STREET ADDRESS 6055 ROYAL BIRKDALE DR STREET ADDRESS NUTON BEACH, FL 33436 CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP DITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

9-1-03

(56) 889 -43/4 Daytime Phone # A Heehmen 80147261 Pagacogiques allow Concern,