## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000100468 Sep 05, 2000 8:00 am Secretary of State 1. Entity Name PREFERRED SHIPPING OF AMERICA, INC. 09-05-2000 90043 013 \*\*\*550.00 Principal Place of Business Mailing Address 168 GOVERNORS ROAD 168 GOVERNORS ROAD PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

704-346<del>-078</del>

FLOWERS, CHRISTIAN

NAME

STREET ADDRESS

SIGNATURE:

changed, or on an attachment with an address, with

CITY-ST-ZIP

**168 GOVERNORS ROAD** PONTE VEDRA BEACH FL 32082

Zip Code City F١ 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FLOWERS, CHRISTIAN NAME NAME **168 GOVERNORS ROAD** STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 City-St-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE FLOWERS, GEORGE NAME **168 GOVERNORS ROAD** STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP City-St-ZIP Change ☐ Addition TITLE Dèlete TITLE LUKENBACH, STEVE NAME NAME **168 GOVERNORS ROAD** STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE COLLACK, RANDY NAME NAME **168 GOVERNORS ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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

all other like empowered.