

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34033

1. Entity Name

PATRIOT EXPRESS, INC.

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

02-24-2000 90016 022 ***150.00

Principal Place of Business

Mailing Address

**13 S. UNIVERSITY CIR
DELAND FL 32724**

**13 S. UNIVERSITY CIR
DELAND FL 32724-1923**

2. Principal Place of Business

1838 Patterson Ave.

3. Mailing Address

1838 Patterson Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, Florida

City & State

DeLand, Florida

4. FEI Number

59-3047902

Applied For

Not Applicable

Zip

Country

32724

USA

Zip

Country

32724

USA

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

**SCOTT, ROBERT H. JR
152 W GRANADA BLVD
ORMOND BEACH FL 32174**

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

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, 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 **P** ☐ Delete
NAME **LEONARD, EDWIN D.**
STREET ADDRESS **13 S UNIVERSITY CIR**
CITY-ST-ZIP **DELAND FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Leonard, Edwin D.**
STREET ADDRESS **1838 Patterson Ave.**
CITY-ST-ZIP **DeLand, FL. 32724**

TITLE **V** ☐ Delete
NAME **LEONARD, CONNIE J.**
STREET ADDRESS **13 S UNIVERSITY CIR**
CITY-ST-ZIP **DELAND FL**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Leonard, Connie J.**
STREET ADDRESS **1838 Patterson Ave.**
CITY-ST-ZIP **DeLand, FL. 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-2000 904-734-9585

CR2E034 (9/99)