FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91836 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02586

1. Entity Name
ADVANCE CARGO OF ORLANDO, INC.

Principal Place of Business	Mailing Address
9043 TRADEPORT DRIVE SUITE 100 ORLANDO, FL 32827 US	100 N. BISCAYNE BLVD. #2608 MIAMI, FL 33132 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	175 Ammon Dr. Suite, Apt. #, etc.
City & State	Manchester
Zip / Country	NH 03103

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0304837** ☐ Applied For ☐ Not Applicable

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
BERNSTEIN, JEFFREY A 100 N. BISCAYNE BLVD. STE 2608 MIAMI, FL 33132	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, CHARLES 100 N. BISCAYNE BLVD., #2608 MIAMI, FL 33132	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCACCHI, Susan 175 Ammon Drive Manchester, NH 03103	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPERRY, GILLIS 100 N. BISCAYNE BLVD., #2608 MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPERRY, Gillis 175 Ammon Drive Manchester, NH 03103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST CALVINO, SAL 100 N. BISCAYNE BLVD., #2608 MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST CALVINO, Sal 175 Ammon Drive Manchester, NH 03103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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

SIGNATURE: _____ SAL CALVINO PRESIDENT 4/22/03 603 647 1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #