2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # **V19987** 1. Entity Name AIR SIDE COURIER, INC. 09-18-2000 90010 038 ***550.00 Principal Place of Business Mailing Address 9025 BOGGY CREEK RD 9025 BOGGY CREEK RD STE.#1 STE #1 A0078913 ORLANDO FL 32824 ORLANDO FL 32824 US 2. Principal Place of Business 3. Mailing Address 108 Lake Brantley Terr 108 Lake Brantley Terr DO NOT WRITE IN THIS SPACE uite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number ..59-3117047 ... Not Applicable Lojirywa a 🤻 🕇 🕇 Florida ---Longwood; Florida Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 32779 Fee Required 32779 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUGGLES, THOMAS W. Street Address (P.O. Box Number is Not Acceptable) 603 INDIAN ROCKS ROAD **BELLEAIR FL 34616** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. X Change ☐ Addition TITLE □ Delete TITLE DP NAME NAME OVERMYER, MARK -Overmyer, - Mark STREET ADDRESS STREET ADDRESS 9025 BOGGY CREEK RD STE.#1 108 Lake Brantley Terr. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Addition TITLE □ Delete TITLE Longwood, Fl 32779 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

9/12/00 4

407-855 -

Change

"4335

☐ Addition