

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90287 002 ***150.00

DOCUMENT # V31276

1. Entity Name
AABLE COURIER, INC.



Principal Place of Business
**5569-4 BOWDEN ROAD
JACKSONVILLE FL 32216-0915
US**

Mailing Address
**5569-4 BOWDEN ROAD
JACKSONVILLE FL 32216-0915
US**



2. Principal Place of Business
**3625 LAS VEGAS RD
Suite, Apt. #, etc.**

3. Mailing Address
**PO BOX 23652
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number **59-3119505**

Applied For
Not Applicable

Zip **32257** Country **DUVAL**

Zip **32241-3652** Country **DUVAL**

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

**EDENFIELD, BEN
5569-4 BOWDEN RD
JACKSONVILLE FL 32216**

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 **PHYLLIS EDENFIELD PRESIDENT**

Jan 13 2003
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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 **DT** ☐ Delete
NAME **EDENFIELD, BEN**
STREET ADDRESS **5569-4 BOWDEN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3625 LAS VEGAS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **DV** ☐ Delete
NAME **EDENFIELD, WILTON B**
STREET ADDRESS **3625 LAS VEGAS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Same as above**
CITY-ST-ZIP

TITLE **DPS** ☐ Delete
NAME **EDENFIELD, PHYLLIS R**
STREET ADDRESS **3625 LAS VEGAS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Same as above**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE **PHYLLIS EDENFIELD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2003 904-733-6600
Date Daytime Phone #

CR2E034 (10/02)