


FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90202 032 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO2000111511	
1. Entity Name EAGLE DELIVERY SERVICES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2499 GLADES RD Suite, Apt. #, etc. 305A	3. Mailing Address 2499 GLADES RD Suite, Apt. #, etc. 305A
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431 Country US	Zip 33431 Country US

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4. FEI Number 05-0535215		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name SMITH, DWIGHT D.		
Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD #305A		
City BOCA RATON	State FL	Zip Code 33431

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  **SMITH, DWIGHT D. SMITH** 5-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSYD SMITH, DWIGHT D. #305A 2499 GLADES RD #305A BOCA RATON FL 33431
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SMITH, DWIGHT D. SMITH** 5-29-03 954-254-0388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)