

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90180 036 \*\*\*150.00

**DOCUMENT # P94000070480**

1. Entity Name  
**SERVICES UNLIMITED DELIVERY SERVICE, INC.**

*CHANGE OF ADDRESS*

Principal Place of Business

5101 FAR OAK CIRCLE  
 SARASOTA FL 34238

Mailing Address

8502 SANDY OAK LN.  
 SARASOTA FL 34238

*5383 WELLFLEET DR. S.  
 SARASOTA, FL 34241*

**C0013365**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

*5383 WELLFLEET DR. S.*

Suite, Apt. #, etc.

City & State

*SARASOTA, FL 34241*

Zip

*34241*

Country

4. FEI Number **65-0520981**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARTON, ROBERT J**  
**5383 WELLFLEET DR SOUTH**  
**SARASOTA FL 34241**

7. Name and Address of New Registered Agent

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

*Robert E. Ellis, Jr.*

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, 2001 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

TITLE **P**  Delete  
 NAME **ELLIS, ROBERT E JR.**  
 STREET ADDRESS **5101 FAR OAK CIRCLE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VPT**  Delete  
 NAME **ELLIS, SUSAN B**  
 STREET ADDRESS **5101 FAR OAK CIRCLE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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:

*Robert E. Ellis, Jr.* Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/25/01*

Daytime Phone #

*941-925-2414*

CR2E034 (10/00)