## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900064833  1. Entity Name U.S. DELIVERY, INC.				Secretary of State 04-30-2002 90124 004 ***150.00			
Principal Place	e of Business	Mailing Address					
OU OFFICE BUILD STORE ST		601 SABAL LAKE DRST LONGWOOD FL 32779	01 SABAL LAKE DRSTE.201 ONGWOOD FL 32779		839610		
LONG/JOD .							
2. Principal Place of Business		3. Mailing Address			III) BEIII BEIII BEIIN BEING BUNG BUNG BURG	(	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO N	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3	588926	Applied For Not Applicable	
Zip Country		Zip	Country	5. Certificate of Status D	esired S8.75	Additional	
	6. Name and Address of Current F	legistered Agent		7. Name and Address of	of New Registered Agent		
40CC0C0	- FD41010 M		Name		-18		
SPEEDER, FRANCIS M 601 SABAL LAKE DR.,STE.201			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
LONGWOOD FL,32779							
			City		FL Zip	FL Zip Code	
Tax filing requirement and elects to do so.  After May 1, 2			!!! FEE IS \$150.00 lo2 Fee will be \$550.0 ble to Department of	Trust Fund Contribution.  Trust Fund Contribution.  Added to Fe		\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SPERDER, FRANCIS M 601 SABAL LAKE STE 201 LONGWOOD FL 32779	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Cha	ange 🔲 Addition	
TITLE	LONGINOUS I L UZIIV	☐ Delete	TITLE		☐ Cha	ange	
NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP		- Delete		<u>المنافقة المنافقة ا</u>	- Cha	ange Addition	
NAME		<u></u>	NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME		☐ Cha	ange	
NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		[] Ch	ange Addition	
TITLE NAME		☐ Delete	TITLE NAME			ange 🔲 Addition	
STREET ADDRESS	,		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP		Delete	TITLE	âmi "		nange Addition	
NAME	•		NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
indicated of the co	I certify that the information supplied with d on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that wered to execute this repor	my signature snall have t as required by Chapter	rne same lengi ettent as il mar	ie unner bain: mai i am au c	JIIICEI OI GITECTOL	

SIGNATURE: Transmitted OF PRINTED AND SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR