

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90062 043 ***150.00

DOCUMENT # P00000022765

1. Entity Name
TEXAS INDEPENDENT DELIVERY SERVICES, INC.

Principal Place of Business

11540 HIGHWAY 29 EAST
SEFFNER FL 33584

Mailing Address

11540 HIGHWAY 29 EAST
SEFFNER FL 33584

2. Principal Place of Business

11540 Highway 29 EAST
 Suite, Apt. #, etc.

3. Mailing Address

11540 Highway 29 EAST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEFFNER, FL

City & State

SEFFNER, FL

4. FEI Number

59-3631055

Applied For

Not Applicable

Zip

33584

Country

Hillsborough

Zip

33584

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, ANDREW L
C/O PIPER MARBURY RUDNICK & WOLFE LLP
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

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

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, 2002 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 **PD** ☐ Delete
NAME **SEAMAN, MORTON**
STREET ADDRESS **500 NORTH BROADWAY SUITE 238**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE **VST** ☐ Delete
NAME **TIPPING, CHARLIE**
STREET ADDRESS **11540 US HWY 92 EAST**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **S** ☐ Delete
NAME **SULS, STUART**
STREET ADDRESS **11540 US HWY 92 EAST**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SEAMAN, MORTON**
STREET ADDRESS **500 NORTH BROADWAY Suite 238**
CITY-ST-ZIP **JERICHO, NY 11753**

TITLE **PST** ☒ Change ☐ Addition
NAME **TIPPING, CHARLIE**
STREET ADDRESS **11540 US HWY 92 EAST**
CITY-ST-ZIP **Seffner, FL 33584**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

REQUIRED **Stuart Suls**

1/31/02

813-623-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)