

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90111 030 \*\*\*150.00

**DOCUMENT # 382089**

1. Entity Name

FLORIDA EAST COAST DELIVERIES, INC.



Principal Place of Business

7300 NW 69 AVENUE  
MIAMI FL 33166

Mailing Address

P.O. BOX 1048  
ST. AUGUSTINE FL 32085-1048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1360532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDDINS, HEIDI J  
ONE MALAGA STREET  
ST. AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete  
NAME CD  
STREET ADDRESS ANESTIS, ROBERT W  
CITY-ST-ZIP ONE MALAGA ST  
ST AUGUSTINE FL 32084

TITLE ☐ Change ☒ Addition  
NAME DP  
STREET ADDRESS McPherson, John D.  
CITY-ST-ZIP One Malaga Street  
St. Augustine, FL 32084

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS EDDINS, H J  
CITY-ST-ZIP ONE MALAGA ST  
ST AUGUSTINE FL 32084

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS Lehan, Bradley D.  
CITY-ST-ZIP One Malaga Street  
St. Augustine, FL 32084

TITLE ☒ Delete  
NAME DP  
STREET ADDRESS CONNARD, T G  
CITY-ST-ZIP 12735 GRAN BAY PARKWAY WEST  
JACKSONVILLE FL 32258

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS Smith, Richard G.  
CITY-ST-ZIP One Malaga Street  
St. Augustine, FL 32084

TITLE ☒ Delete  
NAME V  
STREET ADDRESS MCGEEHAN, M J  
CITY-ST-ZIP ONE MALAGA STREET  
SAINT AUGUSTINE FL 32084

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS Bramlitt, Amy  
CITY-ST-ZIP One Malaga Street  
St. Augustine, FL 32084

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME AT  
STREET ADDRESS Starling, Cheryl  
CITY-ST-ZIP One Malaga Street  
St. Augustine, FL 32084

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:

*Heidi J Eddins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

(904) 826-2399

Date

Daytime Phone #

CR2E034 (10/02)