

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90221 008 \*\*\*550.00

**DOCUMENT # 505564**

1. Entity Name

**JIM'S DELIVERY SERVICE, INC.**

Principal Place of Business

4723 ORANGE DR  
 FORT LAUDERDALE FL 33314  
 US

Mailing Address

4611 S UNIVERSITY DR STE 452  
 DAVIE FL 33328  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1677054**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SACCULLO, VINCENT**  
**4611 S UNIVERSITY DR STE 452**  
**DAVIE FL 33328**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PV**  Delete  
 NAME: **SACCULLO, VINCENT**  
 STREET ADDRESS: **4611 S UNIVERSITY DR STE 452**  
 CITY-ST-ZIP: **DAVIE FL**

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

TITLE: **D**  Delete  
 NAME: **SACCULLO, VINCENT**  
 STREET ADDRESS: **3901 N.W. 79TH AVE.**  
 CITY-ST-ZIP: **HOLLYWOOD FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: **4611 S. Univ. Dr #452**  
 CITY-ST-ZIP: **DAVIE, FL 33328-3817**

TITLE: **ST**  Delete  
 NAME: **SACCULLO, FRANCES**  
 STREET ADDRESS: **4611 S UNIVERSITY DR STE 452**  
 CITY-ST-ZIP: **DAVIE FL**

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

TITLE: **D**  Delete  
 NAME: **SACCULLO, VINCENT**  
 STREET ADDRESS: **3901 N.W. 79TH AVE.**  
 CITY-ST-ZIP: **HOLLYWOOD FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: **4611 S. Univ. Dr. #452**  
 CITY-ST-ZIP: **DAVIE, FL 33328-3817**

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
 NAME:  Delete  
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 CITY-ST-ZIP:  Delete

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

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: *SACCULLO, VINCENT* **SACCULLO**

Date: \_\_\_\_\_ Daytime Phone #: **(954) 252-1433**

CR2E034 (5/00)