

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 505564

FILED
Aug 14, 2002
Secretary of State

Entity Name: JIM'S DELIVERY SERVICE, INC.

Current Principal Place of Business:

4723 ORANGE DR
FORT LAUDERDALE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4611 S UNIVERSITY DR STE 452
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 59-1677054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: SACCULLO, VINCENT
Address: 4611 S UNIVERSITY DR # 452
City-St-Zip: DAVIE, FL 333283817

Title: D () Delete
Name: SACCULLO, VINCENT
Address: 4611 S UNIVERSITY DR #452
City-St-Zip: DAVIE, FL 333283817

Title: ST () Delete
Name: SACCULLO, FRANCES,
Address: 4611 S UNIVERSITY DR # 452
City-St-Zip: DAVIE, FL 333283817

Title: D () Delete
Name: SACCULLO, JAMES
Address: 4611 S UNIVERSITY DR #452
City-St-Zip: DAVIE, FL 333283817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SACCULLO

D

08/14/2002

Electronic Signature of Signing Officer or Director

_____ Date