

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 505564

FILED  
Mar 04, 2003  
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

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

03/04/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date