# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 24, 2002 8:00 am**
**Secretary of State**

05-24-2002 90560 043 ***150.00

DOCUMENT # 556807

1. Entity Name
PARCEL DELIVERY OF TAMPA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2005 43RD ST | 2005 43RD ST |
| PO BOX 1985 | PO BOX 1985 |
| TAMPA FL 33601 | TAMPA FL 33601 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1791033 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCMILLAN, RALPH T
2005 43RD ST
TAMPA FL 33605

**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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE PDS ☐ Delete | | TITLE ☐ Change ☐ Addition | |
| NAME MCMILLAN, RALPH T | | NAME | |
| STREET ADDRESS 2804 PEMBERTON CREEK RD | | STREET ADDRESS | |
| CITY-ST-ZIP SEFFNER FL 33584 | | CITY-ST-ZIP | |
| TITLE VD ☐ Delete | | TITLE ☐ Change ☐ Addition | |
| NAME MCMILLAN, N D JR | | NAME | |
| STREET ADDRESS ROUTE 3 BOX 614 | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33619 | | CITY-ST-ZIP | |
| TITLE ☐ Delete | | TITLE ☐ Change ☐ Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE ☐ Delete | | TITLE ☐ Change ☐ Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE ☐ Delete | | TITLE ☐ Change ☐ Addition | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE ☐ Delete | | TITLE ☐ Change ☐ Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** RALPH T McMILLAN 4/30/02 813 248-6258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)