## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2000 8:00 am Secretary of State **DOCUMENT # 693645** FAST EDDIE'S DELIVERY SERVICE, INC. 02-25-2000 90025 046 \*\*\*150.00 Principal Place of Business Mailing Address 3344 NW 85 TH AVENUE 3344 NW 85 TH AVENUE 00016655 PO BOX 8255 PO BOX 8255 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2107678 Not Access Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEAFY, CYNTHIA 3344 NW 85 AVE **CORAL SPRINGS FL 33065** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change **VST** TITLE Delete TITLE HEAFY, EDWARD L III NAME NAME STREET ADDRESS STREET ADDRESS 3344 N.W. 85 AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 00000 💢 Delete ☐ Change TITLE HEAFY, CYNTHIA S NAME NAME STREET ADDRESS 3344 N.W. 85 AVE. STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS, FL 00000** CITY-ST-7IP Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change $\Box$ . ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change $\Box$ . TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 "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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

1/26/60 954-153-7 Date Daytime Phone #

FILED