

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 693645

1. Entity Name

FAST EDDIE'S DELIVERY SERVICE, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90004 039 ***150.00

Principal Place of Business

Mailing Address

~~3044 NW 85 TH AVENUE~~ 8853 NW 21ST
PO BOX 8255
CORAL SPRINGS FL ~~33065~~ 33071

~~3044 NW 85 TH AVENUE~~ 8835 NW 21ST
PO BOX 8255
CORAL SPRINGS FL ~~33065~~ 33071

2. Principal Place of Business

3. Mailing Address

8853 NW 21ST COURT

PO Box 8255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State
Coral Springs Florida

Zip

Country

Zip

Country

33071

Broward

33071

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAFY, EDWARD L III
~~3044 NW 85 AVE~~ 8853 NW 21ST
CORAL SPRINGS FL ~~33065~~ 33071

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HEAFY, EDWARD L III
~~3044 N.W. 85 AVE.~~ 8853 NW 21ST
CORAL SPRINGS FL ~~33065~~ 33071

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)