

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001179

1. Entity Name

MIDLAND DELIVERY SERVICE, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90002 040 ***150.00

927658



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

407 NORWALK STREET
GREENSBORO NC 27407

407 NORWALK STREET
GREENSBORO NC 27407

2. Principal Place of Business

3. Mailing Address

100 Morgan Keegan Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State

Little Rock, AR

4. FEI Number

41-1322215

Applied For

Not Applicable

Zip

Country

Zip

Country

72202

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DCEO	<input checked="" type="checkbox"/> Delete
NAME	CLINE, DOUGLAS D	
STREET ADDRESS	407 NORWALK STREET	
CITY-ST-ZIP	GREENSBORO NC 27407	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JOE A	
STREET ADDRESS	407 NORWALK STREET	
CITY-ST-ZIP	GREENSBORO NC 27407	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRAY, ELI	
STREET ADDRESS	407 NORWALK STREET	
CITY-ST-ZIP	GREENSBORO NC 27407	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CLINE, SHARON	
STREET ADDRESS	407 NORWALK STREET	
CITY-ST-ZIP	GREENSBORO NC 27407	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CRUTHIS, JEFFREY L	
STREET ADDRESS	407 NORWALK STREET	
CITY-ST-ZIP	GREENSBORO NC 27407	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CLINE, GLENDA P	
STREET ADDRESS	407 NORWALK STREET	
CITY-ST-ZIP	GREENSBORO NC 27407	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID SIEGFRIED	
STREET ADDRESS	100 Morgan Keegan Dr. #200	
CITY-ST-ZIP	Little Rock AR 72202	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH LOBO	
STREET ADDRESS	100 Morgan Keegan Dr. #200	
CITY-ST-ZIP	Little Rock, AR 72202	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW CODE	
STREET ADDRESS	100 Morgan Keegan Dr. #200	
CITY-ST-ZIP	Little Rock, AR 72202	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID BACHMAN	
STREET ADDRESS	100 Morgan Keegan Dr. #200	
CITY-ST-ZIP	Little Rock AR 72202	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE COLE	
STREET ADDRESS	100 Morgan Keegan Dr. #200	
CITY-ST-ZIP	Little Rock, AR 72202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Michael R. Cole 2-21-01 501-280-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)