

FILED  
Jul 15, 2002 8:00 am  
Secretary of State

04-17-2002 90120 009 \*\*\*158.75

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J99267

1. Entity Name

CONSUMERS DELIVERY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

700 ATLANTIS ROAD

Suite, Apt. #, etc.

SUITE 204

City & State

MELBOURNE, FL.

Zip 32904

Country BREVARD

3. Mailing Address

4609 CRESTA DR.

Suite, Apt. #, etc.

City & State

RALEIGH, N.C.

Zip

27603

Country

WAKE

4. FEI Number

65-0024814

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES R. CLARKE

Street Address (P.O. Box Number is Not Acceptable)

700 ATLANTIS Rd, Suite 204

City

MELBOURNE

FL

Zip Code

32904

**DO NOT WRITE  
IN THIS SPACE**

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 state 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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAMES R. CLARKE 4609 CRESTA DR. RALEIGH, N.C. 27603
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES R. CLARKE PRESIDENT

JAMES R. CLARKE

Date

4/3/02 919661-4493

Daytime Phone

CR2E034B (12/01)