

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90027 004 ***150.00

DOCUMENT # K22130

1. Entity Name

SAME DAY DELIVERY, INC.

Principal Place of Business

**3222 WINTERLAKE RD
 SUITE 9
 LAKELAND FL 33803**

Mailing Address

**3222 WINTERLAKE RD
 SUITE 9
 LAKELAND FL 33803**

2. Principal Place of Business

3120 HARDIN COMBEE RD
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 2452
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND FL
 Zip **33801**

City & State

EATON PARK FL
 Zip **33840-2452**

4. FEI Number

59-2896519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SLOAN, STEPHEN A
3130 HARDIN COMBEE RD.
LAKELAND FL 33801

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

TITLE **D** ☐ Delete
 NAME **SLOAN, STEPHEN A**
 STREET ADDRESS **3130 HARDIN COMBEE RD.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ Delete
 NAME **SLOAN, DEBORAH E**
 STREET ADDRESS **3130 HARDIN COMBEE RD.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

4-1-02

Date

862-667-1999

Daytime Phone #

CR2E034 (9/01)