

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0026513 AF

DOCUMENT # L00000002433

1. Entity Name
SPIRIT DELIVERY AND DISTRIBUTION SERVICES, LLC

01 APR 19 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1450 ROUTE 22 WEST
SUITE 103
MOUNTAINSIDE NJ 07092

Mailing Address
1450 ROUTE 22 WEST
SUITE 103
MOUNTAINSIDE NJ 07092



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3707115

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERROCHI, JOSEPH
205-E KELSEY LANE
TAMPA FL 33619

Name

Capital Connection, Inc.

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

417 E. Virginia Street

City

Tallahassee

FL

Zip Code 32301

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 Weimar Lopez for Capital Connection, Inc. 4/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBERS
WILLIAM P. GRIFFO
1450 ROUTE 22 WEST STE 103
MOUNTAINSIDE, NJ 07092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004037324--9
-04/23/01--01009--002
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
AMERICO SEABRA
1450 ROUTE 22 WEST STE 103
MOUNTAINSIDE NJ 07092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
DARREN WAGNER
4914 RADFORD AVE STE 208
RICHMOND VA 23230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this Report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-26-2001

CR2E083 (11/00)