

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90084 043 ****55.00

DOCUMENT # L00000011660

1. Entity Name

TRACY DELIVERY, LLC.

Principal Place of Business

**1110 N. TAYLOR RD.
 BRANDON FL 33510**

Mailing Address

**1110 N. TAYLOR RD.
 BRANDON FL 33510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3673416**

Applied For

Not Applicable

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

**REGISTERED AGENTS LEGAL SERVICES INC
 941 4TH ST., 2ND FL
 MIAMI BEACH FL 33139**

Name **Ronald TRACY JR**

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

1110 N Taylor Rd

City **BRANDON**

FL

Zip Code **33510**

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

Ronald E Tracy Jr

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

(NOTE: Registered Agent signature required when reinstating)

PRINCIPAL

4-21-02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PSD** ☐ Delete
 NAME **TRACY, RONALD JR.**
 STREET ADDRESS **1110 N. TAYLOR RD.**
 CITY-ST-ZIP **BRANDON FL 33510**

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

TITLE **TD** ☐ Delete
 NAME **TRACY, MELISSA**
 STREET ADDRESS **1110 N. TAYLOR RD.**
 CITY-ST-ZIP **BRANDON FL 33510**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Ronald E Tracy Jr

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

Date

Daytime Phone #

4-21-02 (813)841-0854

CR2E083 (9/01)