FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100002070					Feb 26, 2002 8:00 am Secretary of State			
SOUTHERN DELIVERY SERVICES, LLC 02-26-2002 90085 015 ****50.00								
Principal Place 5210 17TH ST. PETERSBU	REET N.	Mailing Address 5210 17TH STREET N. ST. PETERSBURG FL 33714						
	Place of Business 17th Street N. #, etc.	3. Mailing Address 5310 17H St Suite, Apt. #, etc.	210 17th Street N.		DO NOT WRITE IN THIS SPACE			
St. Pe	ters burg FL	St. Peters by			Number 3704 25	No.	oplied For ot Applicable	
33714	Fine las 6. Name and Address of Current R		Pinellas	5. Certi	ficate of Status Desired	□ \$5.00 Add		
ARTHUR, WILLIAM 5210 17TH STREET N. ST. PETERSBURG FL 33714			Street Add	Same	7. Name and Address of New Registered Agent 3. C. S. (P.O. Box Number is Not Acceptable) 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 William A thur William Arthur 2/11/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		Make Check Paya	W!!! FEE IS \$50 able to Departm By May 1, 2002					
9. TITLE NAME STREET ADDRESS	Managing Member William Arthur 5210 17th Street	□ Delete	TITLE NAME STREET ADDRESS	,	ADDITIONS/	CHANGES Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	St. Petersburg, FL	_ 33714	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition -	
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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: WILLIAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 2-11-02 727-224-3598 Date Daytime Phone #