

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L36233**

1. Entity Name

ECKERS' DELIVERY SERVICE, INC.

Entity Name

Entity Name

Principal Place of Business

1719 SW 170TH ST
NEWSBERRY FL 32669
US

Mailing Address

1719 SW 170TH ST
NEWSBERRY FL 32669
US

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 **59-3004303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPE, A. BICE
408 W UNIVERSITY AVENUE
SUITE 406
GAINESVILLE FL 32601

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **PD**
STREET ADDRESS **ECKER, ANTHONY**
CITY-ST-ZIP **1719 SW 170TH ST**
NEWSBERRY FL

TITLE ☐ Delete

NAME **VSD**
STREET ADDRESS **ECKER, ROBIN W.**
CITY-ST-ZIP **1719 SW 170TH ST**
NEWSBERRY FL

TITLE ☐ Delete

NAME **ECKER, ROBIN W.**
STREET ADDRESS **1719 SW 170 ST**
CITY-ST-ZIP **NEWSBERRY 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 ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00

Date

(352) 472-3820

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)