

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90048 042 ***150.00

DOCUMENT # M72166

1. Entity Name

QUICK DELIVERY OF ORLANDO, INC.

Principal Place of Business

Mailing Address

**4180 NW 10TH AVE
 FT LAUDERDALE FL 33309
 US**

**P. O. BOX 100846
 FT. LAUDERDALE FL 33335-1822
 US**

2. Principal Place of Business

3370 SW 13 AVE.

3. Mailing Address

P.O. BOX 21822

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE FL

Zip

Country

33315

Zip

Country

33335

4. FEI Number

65-0036439

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00030159



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOEHNE, LON
 4180 NW 10TH AVE
 FT LAUDERDALE FL 33309**

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.

FILE NOW!!! FEE IS \$150.00

**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	HOEHNE, LON 4180 NW 10TH AVE FT LAUDERDALE FL 33309	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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:

Lon Hoehne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #