

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000009531

1. Entity Name

Mc Elcish Delivery Corp

FILED

02 SEP 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4020 S Lake Terr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

4. FEI Number

65-0978913

Applied For

Not Applicable

Zip

33023

Country

Broward

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dwight McElcish

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

4020 S Lake Terr

City

Miramar

FL

Zip Code

33023

**DO NOT WRITE
IN THIS SPACE**

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

Dwight McElcish

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Dwight McElcish
4020 S Lake Terr
Miramar FL 33023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100008081951-8
-09/27/02-01065-020
****900.00 ****900.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dwight McElcish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02
43002

954-553-3261

Daytime Phone #

CR2E034B (12/01)