

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91741 040 ***150.00

DOCUMENT # P00000015747

1. Entity Name
COACH DELIVERY SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4716 NW 59th

3. Mailing Address

PO Box 772371

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK FL.

City & State

COACH SPRINGS FL.

4. FEL Number

65-0982792

Applied For

Not Applicable

Zip

Country

33073 USA

Zip

Country

33077 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SORRELL + UTNER, P.A.

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

343 ALMERIA AVE

COACH GABLES

City

FL 33134

**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

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) ☐

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 | PRES. MICHAEL N SMITH 4716 NW 59th AVE COCONUT CREEK, FL. 33073 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-02 9504449804

Date

Daytime Phone #

CR2E034B (12/01)