

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015747

1. Entity Name
COACH DELIVERY SERVICE, INC.



FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90098 032 ***150.00

0130311 AT

Principal Place of Business
4716 NW 59TH
CORAL SPRINGS FL 33077

Mailing Address
PO BOX 772371
CORAL SPRINGS FL 33077

2. Principal Place of Business

12545 25th St North

3. Mailing Address

PO Box 221363

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

WEST ALMORCH FL

Zip

33470

Country

US

Zip

33422

Country

4. FEI Number 65-0982792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SMITH, MICHAEL N
STREET ADDRESS 4716 NW 59 MANOR
CITY-ST-ZIP POMPANO BEACH FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME SMITH, Michael
STREET ADDRESS 12545 25th St North
CITY-ST-ZIP LOXAHATCHEE, FL 33470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (4/03)

attachment

86147347
#P00000015747

COACH DELIVERY SERVICE, INC.

August-29, 2003

Division of Corporations
Uniform Business Report Filings
P.O. 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

In response to your notice for 2003 For Profit Corporation, Uniform Business Report, to be filed by 9/10/03 in the amount of \$550.00. Please be aware that this is the first notice that we received and according to your "Frequently Asked Questions", we can file and pay the \$150.00 filing fee.

Enclosed please find the form and our check for \$150.00.

Very truly yours,

COACH DELIVERY SERVICE, INC.

MICHAEL SMITH