

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90502 049 ***150.00

DOCUMENT # P00000070935

1. Entity Name

CENTRAL FLORIDA PICK UP AND DELIVERY CORP.

Principal Place of Business

16 HEMLOCK RUN
 Ocala FL 34472

Mailing Address

16 HEMLOCK RUN
 Ocala FL 34472

2. Principal Place of Business

3925 SC 45TH CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FLORIDA

City & State

4. FEI Number

39-3654491

Applied For

Not Applicable

Zip

34472

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GLICKMAN, JASON
 16 HEMLOCK RUN
 Ocala FL 34472

7. Name and Address of New Registered Agent

Name

GLICKMAN, JASON

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

16 Hemlock Run

City

Ocala

FL

Zip Code

34472

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

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

(NOTE: Registered Agent signature required when reinstating)

4.24.01

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 \$150.00

AFTER MAY 1, 2001 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

TITLE	OWNER	<input type="checkbox"/> Delete
NAME	JASON GLICKMAN	
STREET ADDRESS	3925 SC 45TH CT A	
CITY-ST-ZIP		
TITLE	Ocala FL 34472	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ACTIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Jason Glickman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

(352) 624-9828 (352)

4.24.01 266-4990

Date

Daytime Phone #

CR2034 (10/00)