

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91615 043 ***150.00

05/01/02 AV

DOCUMENT # P00000071644

1. Entity Name

DELIVERY WORLD INC.

Principal Place of Business

**5122 N RIDGE RD. APT 307
 SARASOTA FL 34238**

Mailing Address

**5122 N RIDGE RD. APT 307
 SARASOTA FL 34238**

2. Principal Place of Business

3700 S. OSPREY AVE.

3. Mailing Address

3700 S. OSPREY AVE.

Suite, Apt. #, etc.

318

Suite, Apt. #, etc.

318

City & State

SARASOTA FL

City & State

SARASOTA, FL

Zip

34239

Country

Zip

34239

Country

4. FEI Number

65-1026724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SHEER, WARREN
 5122 N RIDGE RD, APT 307
 SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name

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

3700 S. OSPREY AVE.

#318

City

SARASOTA

FL

Zip Code

34239

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PD** ☐ Delete
 NAME **SHEER, WARREN**
 STREET ADDRESS **5122 N RIDGE RD, APT 307**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **3700 S. OSPREY AVE. #318**
 CITY-ST-ZIP **SARASOTA, FL 34239**

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

TITLE ☐ Change ☐ Addition
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CR2E034 (9/01)

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:

WARREN SHEER

4-18-02 941-955-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #