

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90176 040 ***150.00

DOCUMENT # P01000009127

1. Entity Name
SUPER DAVE TRANSPORT & DELIVERY, INC.



Principal Place of Business
**4435 W. IOWA STREET
TAMPA FL 33616**

Mailing Address
**4435 W. IOWA STREET
TAMPA FL 33616**



2. Principal Place of Business
4708 W. Paul Ave.

3. Mailing Address
4708 W. Paul Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL.

City & State
Tampa, FL.

4. FEI Number **59-3692903**

Applied For
☐ Not Applicable

Zip Country
33611

Zip Country
33611

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILTON, DAVID A
4435 W. IOWA STREET
TAMPA FL 33616**

7. Name and Address of New Registered Agent

Name **Hilton, David A.**
Street Address (P.O. Box Number is Not Acceptable)
4708 West Paul Ave.
Tampa
City **FL** Zip Code **33611**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DP** ☐ Delete
NAME **HILTON, DAVID A**
STREET ADDRESS **4435 W. IOWA STREET**
CITY-ST-ZIP **TAMPA FL 33616**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Hilton, David A.**
STREET ADDRESS **4708 West Paul Ave**
CITY-ST-ZIP **Tampa, FL. 33611**

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

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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:

David A. Hilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)