

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

FILED

02 MAY -1 PM 3:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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DOCUMENT # P01000041869
1. Entity Name AAA DELIVERY INCORPORATED

2. Principal Place of Business 1320 H. FOLEWILD DR. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State	
Zip 32311	Country LEON	Zip	Country

4. FEI Number 75-2970795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Gordon Dale Woodard, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 1320 H. FOLEWILD, DR.	
City TALLAHASSEE	FL Zip Code 32311

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE President/CEO	NAME Gordon Dale Woodard, Jr.	TITLE	NAME 100005416391--9
STREET ADDRESS 1320 H. FOLEWILD, DR.	CITY-ST-ZIP TALLAHASSEE, FL 32311	STREET ADDRESS	CITY-ST-ZIP -05/01/02--01054--001
TITLE	NAME	TITLE	NAME *****150.00 *****150.00
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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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: *Gordon Dale Woodard, Jr.* **May 1st, 2002** **850/508-5184**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)