

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90284 037 ***150.00

0168569 AV

DOCUMENT # P01000050403

1. Entity Name
J & H DELIVERY, INC.



Principal Place of Business
**1255 SW 101 TERRACE
308
PEMBROKE PINES FL 33025**

Mailing Address
**1255 SW 101 TERRACE
308
PEMBROKE PINES FL 33025**

11019014



2. Principal Place of Business

17937 SW 30 Ct.

Suite, Apt. #, etc.

3. Mailing Address

17937 SW 30 Ct.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miramar FL

City & State
Miramar FL

4. FEI Number
65-1105697

Applied For
☐ Not Applicable

Zip
33029 Country

Zip
33029 Country

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

6. Name and Address of Current Registered Agent

**WILLIAMS, HORACE
1255 SW 101 TERRACE
SUITE 308
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name **Horace Williams**
Street Address (P.O. Box Number is Not Acceptable)
17937 SW 30 Ct.
City **Miramar** FL Zip Code **33029**

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]**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-03

**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 **D** ☐ Delete
NAME **WILLIAMS, HORACE**
STREET ADDRESS **12115 SW 11TH CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Williams, Horace** ☒ Change ☐ Addition
NAME
STREET ADDRESS **17937 SW 30th Ct.**
CITY-ST-ZIP **Miramar FL 33029**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

4-10-03

Date

9546653852

Daytime Phone #

CR2E034 (10/02)