

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90124 044 \*\*\*150.00

**DOCUMENT # P02000087350**

1. Entity Name

**WE CARE WE DELIVER INC.**



Principal Place of Business

**88 SKYLARK AVENUE**

**#700**

**MERRITT ISLAND FL 32953**

Mailing Address

**88 SKYLARK AVENUE**

**#700**

**MERRITT ISLAND FL 32953**

2. Principal Place of Business

**270 Hunt Drive**

Suite, Apt. #, etc.

3. Mailing Address

**270 Hunt Drive**

Suite, Apt. #, etc.

City & State

**Merritt Island FL**

City & State

**Merritt Island FL**

Zip

**32953**

Country

**USA**

Zip

**32953**

Country

**USA**

4. FEI Number

**03-0477911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BLASSINGAME, MELISSA**

**88 SKYLARK AVENUE**

**#700**

**MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

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

**270 Hunt Drive**

City

**Merritt Island**

FL

Zip Code

**32953**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>President</b>				
	<b>Keith Blassingame</b>				
	<b>270 Hunt Drive</b>				
	<b>Merritt Island FL 32953</b>				

CR2E034 (10/02)

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**

**2-22-03**

Date

**321-693-7535**

Daytime Phone #