

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

DOCUMENT # P0200011906

1. Entity Name

A to Z Home Delivery

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Ed Munoz
Suite, Apt. #, etc.

3. Mailing Address

810 Alligood Ave
Suite, Apt. #, etc.

City & State

Tall FL

City & State

Tall FL

Zip

32303

Country

US

Zip

32303

Country

US

4. FEI Number

00

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ed Munoz

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

810 Alligood Ave

City

Tall

FL

Zip Code

32303

**DO NOT WRITE
IN THIS SPACE**

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]
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) ☐

**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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Edwin Munoz
810 Alligood Ave
Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000014093330
03/14/03--01068--027 **150.00

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-26-03

Daytime Phone #

CR2E034B (12/01)