

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90037 033 ***150.00

DOCUMENT # P93000002519

1. Entity Name
GENERAL DELIVERY, INC.

Principal Place of Business

Mailing Address

~~1645 DOUGLAS ROAD~~
~~P.O. BOX 29~~
 OLDSMAR FL 34677-0029

~~P.O. BOX 29~~
 OLDSMAR FL 34677

709918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4025 TAMPA ROAD
 Suite, Apt. #, etc. **SUITE 1117**

P.O. Box 29
 Suite, Apt. #, etc.

City & State
OLDSMAR FLORIDA

City & State
OLDSMAR FLORIDA

4. FEI Number **59-3177114**

Applied For
 Not Applicable

Zip **34677** Country **USA.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEITGEB, ROBERT
~~1645 DOUGLAS ROAD~~ **4025 Tampa Rd #1117**
 OLDSMAR FL 34677

Name **ROBERT LEITGEB**
 Street Address (P.O. Box Number is Not Acceptable) **4025 TAMPA RD #1117**
 City **OLDSMAR FLA FL** Zip Code **34677**

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 **PRES. ROBERT LEITGEB**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/10/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!!-FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P LEITGEB, ROBERT	1645 DOUGLAS ROAD 4025 Tampa Rd.	OLDSMAR FL 34677 P.O. BOX 29	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PRES. ROBERT LEITGEB**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
 Date

888 827 6500
 Daytime Phone #

CR2E034 (10/00)