

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024046

1. Entity Name

DELIVERY SYSTEMS, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90214 044 ***550.00

A0073607



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 250 MIAMI AVE
 INDIALANTIC FL 32903
 US

Mailing Address
 250 MIAMI AVE
 INDIALANTIC FL 32903
 US

2. Principal Place of Business
 201 Vermont Ave.

3. Mailing Address
 201 Vermont Ave.

City & State
 St. Cloud, FL

City & State
 St. Cloud, FL

Zip
 34769

Country
 USA

4. FEI Number
 59-3236590

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HEALY, PATRICK F
 700 S BABCOCK ST
 SUITE 400
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 DATE 7/12/00

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THON, JEFFREY S		NAME	Thomas A. Thon	
STREET ADDRESS	250 MIAMI AVE		STREET ADDRESS	201 Vermont Ave.	
CITY-ST-ZIP	INDIALANTIC FL 32903		CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 7/12/00 321-728-1190

Daytime Phone #