

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90060 035 ***150.00

DOCUMENT # P94000086873

1. Entity Name DESIGN DELIVERY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13500 Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

13500 Tamiami Trail

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. City & State

Naples, Florida

Zip
34110

Country

5. City & State

Naples, Florida

Zip
34110

Country

6. FEI Number

65-0571363

Applied For

Not Applicable

7. Certificate of Status: Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TODD S. GALLER

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

13500 TAMAMI TRAIL

City

NAPLES

FL

Zip Code

34110

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, 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
D	GALLER, TODD S	13500 Tamiami Trail, #4	Naples Florida 34110
D	GALLER, GREG D	13500 Tamiami Trail, #4	Naples Florida 34110
D	GALLER, ZACKERY	13500 Tamiami Trail, #4	Naples Florida 34110
D	JACOBS, JASON J.	13500 Tamiami Trail, #4	Naples Florida 34110

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)