

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90624 033 ***150.00

0446276 AV

DOCUMENT # P95000045902

1. Entity Name

D&A DELIVERY SERVICES, INC.

Principal Place of Business

**5980 66TH STREET, NORTH
UNIT N
ST. PETERSBURG FL 33709
US**

Mailing Address

**5980 66TH STREET, NORTH
UNIT N
ST. PETERSBURG FL 33709
US**



2. Principal Place of Business

1763 Avenue North

Suite, Apt. #, etc. N/A

St Petersburg, FL

Zip 33713

Country Pinellas

3. Mailing Address

7925 2 Avenue South

Suite, Apt. #, etc. N/A

St Petersburg, FL

Zip 33707

Country Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3328016

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GUSTIN, JERRY S JR.

5980 66TH STREET, NORTH

UNIT K

ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

SAME

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

7925 2 Avenue South

City

St Petersburg

FL

Zip Code

33707

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

Jerry S. Gustin Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GUSTIN, DEBORAH A	
STREET ADDRESS	5980 66TH ST N UNIT N	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, AYESHA	
STREET ADDRESS	5980 66TH ST N UNIT N	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME PERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7925 2 Avenue South	
STREET ADDRESS	St Petersburg, FL	
CITY-ST-ZIP	33707	
TITLE	SAME PERSON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7925 2 Avenue South	
STREET ADDRESS	St. Petersburg FL	
CITY-ST-ZIP	33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 (727) 463-8304

Date

Daytime Phone #

CR2E034 (9/01)