

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085354

1. Entity Name

DELIVERY MANAGEMENT SYSTEMS, INC.

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90003 014 ***150.00

Principal Place of Business

~~11730 NORTH DALE MABRY HIGHWAY~~
~~2ND FLOOR~~
~~TAMPA FL 33618~~

Mailing Address

~~11730 NORTH DALE MABRY HIGHWAY~~
~~2ND FLOOR~~
~~TAMPA FL 33618~~

2. Principal Place of Business

5004 TAMPA WEST BLVD

3. Mailing Address

5004 TAMPA WEST BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3395505

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33634

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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) ☐

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

TITLE PD
NAME ROSENBERG, DAVIDA ☐ Delete
STREET ADDRESS 11730 NORTH DALE MABRY HIGHWAY, 2ND FLOOR
CITY-ST-ZIP TAMPA FL

TITLE VD
NAME GELLER, MICHELE ☐ Delete
STREET ADDRESS 11730 NORTH DALE MABRY HIGHWAY, 2ND FLOOR
CITY-ST-ZIP TAMPA FL

TITLE STD
NAME ROSENBERG, STEPHEN ☐ Delete
STREET ADDRESS 11730 NORTH DALE MABRY HIGHWAY, 2ND FLOOR
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3605 LITTLE ROAD
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3627 LITTLE ROAD
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3605 LITTLE ROAD
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michele Geller MICHELE GELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

Date

8139685757

Daytime Phone #

0350183

CR20034 (10/00)