## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am DOCUMENT # P96000082780 Secretary of State 1. Entity Name Area Delivery & Transfer, Inc. 04-17-2001 90035 025 \*\*\*150.00 Mailing Address 2019 Del Betmar Road Frincipal Place of Business 2019 Del Betmar Road Clearwater, FL. 3376B Clearwater, FL. 33763-4216 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3413541 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Russell, William F. Street Address (P.O. Box Number is Not Acceptable) 2019 Del Betmar Road Clearwater, FL. 33763-4216 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001- Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME HAME Russel, William F. STREET ADDRESS 2019 Del Betmar RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL. 33763-4216 Change Addition TiTLE THTLE NAME NAME STREET ADDRESS STREET ADDRESS C1TY-ST-2IP CITY-ST-ZIP TITLE Delete Change -- [=] Addition =--TITLE NAME DARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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.

STREET ADDRESS CITY+ST-ZIP

**SIGNATURE** 

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

435811 4-5-01

727-409-0881