

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033542

1. Entity Name

B & M DELIVERIES, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90066 003 \*\*\*150.00

Principal Place of Business

Mailing Address

1211 HAWLEY CT  
 VALRICO FL 33594

1211 HAWLEY CT  
 VALRICO FL 33594-4904

2. Principal Place of Business

12707 Spottswood Dr.

Suite, Apt. #, etc.

3. Mailing Address

12707 Spottswood Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riverview Florida

Zip

33569

Country

USA

City & State

Riverview Florida

Zip

33569

Country

USA

4. FEI Number

59-3447820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, ROBERT  
 1211 HAWLEY CT  
 VALRICO FL 33594

7. Name and Address of New Registered Agent

Name: Hamilton, Robert  
 Street Address (P.O. Box Number is Not Acceptable)

12707 Spottswood Dr.

City: Riverview

FL

Zip Code: 33569

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)

01-15-00

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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: PT  
 NAME: HAMILTON, ROBERT  
 STREET ADDRESS: 1211 HAWLEY CT  
 CITY-ST-ZIP: VALRICO FL 33594  
☐ Delete

TITLE: VS  
 NAME: HAMILTON, MICHELLE  
 STREET ADDRESS: 1211 HAWLEY CT  
 CITY-ST-ZIP: VALRICO FL 33594  
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TITLE:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
 NAME:   
 STREET ADDRESS: 12707 Spottswood Dr.  
 CITY-ST-ZIP: Riverview FL 33569  
☒ Change ☐ Addition

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 CITY-ST-ZIP:   
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-00

Date

813/660/6444

Daytime Phone #

CR2E034 (9/99)