

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90069 009 \*\*\*150.00



**DOCUMENT # P97000082808**

1. Entity Name  
**LOAD LOCK & DELIVER, INC.**

Principal Place of Business  
**1850 16 AVE. N.  
 LAKE WORTH FL 33460**

Mailing Address  
**1850 16 AVE. N.  
 LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
**1930 Ave L**

3. Mailing Address  
**315 VIA HERMOSA**

City, Apt. #, etc.  
**Evergreen**

Suite, Apt. #, etc.  
**W Palm Beach**

4. FEI Number **65-0804614**

Applied For  
☐ Not Applicable

City & State  
**Florida**

City & State  
**FL 33415**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip  
**33404**

Zip  
**Palm Beach**

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**ACE, MILLARD  
 1850 16 AVE. N.  
 LAKE WORTH FL 33460**

*change  
 above*

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, 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 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Add

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ACE, MILLARD 1850 16 AVE N LAKE WORTH FL 33460</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WRIGHT, DONNA 1850 16 AVE N LAKE WORTH FL 33460</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 B' changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE REQUIRED**  
 SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_

*MILLARD ACE 5/21/02*

*861-248-5458*  
*cell*