

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90063 041 ***150.00

DOCUMENT # P97000097612

1. Entity Name

CKB DELIVERY SERVICE INCORPORATED

Principal Place of Business

**637 BABLONICA DR.
 ORLANDO FL 32807**

Mailing Address

**637 BABLONICA DR.
 ORLANDO FL 32807**

B0092560



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

700 E. AIRPORT Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit B-2

City & State

City & State

Sanford Florida

4. FEI Number

59-3480760

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 32773

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BYBEE, CHARLES K
 637 BABLONICA DR.
 ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name

Glenda A. Fowler

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

700 E. AIRPORT Blvd Unit H-2

City

Sanford

FL

Zip Code **32773**

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

Glenda Fowler

Glenda Fowler

4-21-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYBEE, CHARLES K 637 BABLONICA DR ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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:

Charles K. Bybee

CHARLES K. BYBEE President

4-21-02

407-493-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #