

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002217

1. Entity Name

ERRANDS-R-US, INC.

R

Principal Place of Business

2250 E MAGNOLIA ST
LAKELAND FL 33801

Mailing Address

PO BOX 90036
LAKELAND FL 33804-0036
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOSTETLER, DAMON
2250 E MAGNOLIA ST
LAKELAND FL 33801

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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	Change	Addition
0	HOSTETLER, DAMON L	2250 E MAGNOLIA ST	LAKELAND FL 33801	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Damon L. Hostetler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 2000 863-665-1960

Date

Daytime Phone #

P97000002017 Attachment

A0070018

ERRANDS-R-US, INC.
P.O. BOX 90036
LAKELAND FL. 33804-0036
863-665-1960

WE DO WHAT YOU DON'T HAVE TIME TO DO!

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

July 23, 2000

DEAR SIRs

I DID NOT RECEIVE MY FIRST NOTICE FOR THE FILING OF MY 2000 UNIFORM BUSINESS REPORT! BECAUSE I AM A NEW BUSINESS AND STILL LEARNING I DID NOT REALIZE THAT I HAD MISSED THE DEADLINE. AS THE OLD SAYING GOES 'OUT OF SIGHT OUT OF MIND'. I HAD NOT EVEN THOUGHT ABOUT FILING UNTIL I RECEIVED MY SECOND NOTICE. I WOULD LIKE TO USE THE LATE FEE WAIVER CLAUSE FOR THE \$400.00 LATE FEE, DUE TO NOT RECEIVING MY FIRST NOTICE. IF YOU WILL ALLOW MY BUSINESS TO BE EXEMPT FROM THE \$400.00 LATE FEE THIS TIME I CAN ASSURE YOU THAT THIS WILL NOT HAPPEN AGAIN. YOUR COOPERATION WOULD BE GREATLY APPRECIATED

THANK YOU
SINCERELY

Damon L. Hostetler

DAMON L. HOSTETLER
OWNER

PHONE 863-665-1960 PAGER 813-303-2637 FAX 863-665-9186 EMAIL errands@gte.net