

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056657

1. Entity Name
B & H DELIVERY SERVICES, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90109 034 ***550.00

Principal Place of Business

3039 JUNIPER DRIVE
EDGEWATER FL 32141

Mailing Address

3039 JUNIPER DRIVE
EDGEWATER FL 32141

2. Principal Place of Business

16315 Nova Rd
Suite, Apt. #, etc.

3. Mailing Address

3401 Prancer Lane
Suite, Apt. #, etc.

City & State

Daytona Beach, FL
Zip 32119 Country

City & State

Ormond Beach, FL
Zip 32174 Country

4. FEI Number

59-3526699

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARNICK, HARRY W
3039 JUNIPER DRIVE
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

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 Harry W. Warnick
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/27/00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS WARNICK, HARRY W
CITY-ST-ZIP 3039 JUNIPER DRIVE
EDGEWATER FL 32141

TITLE ☐ Delete
NAME D
STREET ADDRESS WARNICK, BRIDGET A
CITY-ST-ZIP 3039 JUNIPER DRIVE
EDGEWATER FL 32141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Harry W. Warnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)