## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P98000056657 1. Entity Name B & H DELIVERY SERVICES, INC. 02-20-2002 90137 018 \*\*\*150.00 Principal Place of Business Mailing Address 1631 S NOVA RD 3401 PRONCER LANE ORMOND BEACH FL 32174 DAYTONA BEACH FL 32119 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-9093707 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARNICK, HARRY W Street Address (P.O. Box Number is Not Acceptable) 3401 PRANCER LANE **ORMOND BEACH FL 32174** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE WARNICK, HARRY W NAME NAMF 3401 PRANCER LANE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP ČITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME WARNICK, BRIDGET A NAME STREET ADDRESS STREET ADDRESS 3401 PRANCER LANE CITY-ST-ZIP . CITY-ST-ZIP ORMOND BEACH FL 32174 Addition ☐ Change ☐ Delete TITLE ÌITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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