

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90112 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000000310

1. Entity Name
DELIVERY MANAGEMENT SERVICES, INC.



Principal Place of Business
908 THOMASVILLE RD
TALLAHASSEE, FL 32303

Mailing Address
908 THOMASVILLE RD
TALLAHASSEE, FL 32303

2. Principal Place of Business
1114 NORTH ADAMS
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 2310
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE FL
Zip
32303
Country
LEON

City & State
ROWLETT TX
Zip
75030
Country
USA

4. FEI Number
59-3548576
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAND, ROBERT A
908 THOMASVILLE RD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
SCOTT MCMURRAIN
Street Address (P.O. Box Number is Not Acceptable)
1114 NORTH ADAMS
City
TALLAHASSEE FL Zip Code
32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Scott McMurrain **4-29-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MCMURRAIN, SCOTT			
	908 THOMASVILLE RD			
	TALLAHASSEE, FL 32303			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1114 NORTH ADAMS ST	TALLAHASSEE FL 32303	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott McMurrain **4-29-03 888-578-9428**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2034 (10/02)