

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91133 010 ***150.00

DOCUMENT # P99000046190

1. Entity Name

FLORIDA INDEPENDENT DELIVERY SERVICES, INC.

Principal Place of Business

**11540 HIGHWAY 92 EAST
SEFFNER FL 33584**

Mailing Address

**11540 HIGHWAY 92 EAST
SEFFNER FL 33584**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3602140**

Applied For

Not Applicable

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****SCHWARTZ, LARRY
11540 HIGHWAY 92 EAST
SEFFNER FL 33584**

Name

DAVID A. BEYER

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

C/O Piper Marbury Rudnick & Wolfe LLP**101 EAST Kennedy Blvd., Suite 2000**

City

TAMPA

FL

Zip Code

33602

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

4-27-019. 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, 2001 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>		D/P			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SEAMAN, MORTON					MORTON SEAMAN				
	500 NORTH BROADWAY SUITE 238					500 NORTH BROADWAY, Suite 238				
	JERICHO NY 11753					JERICHO, NY 11753				
				<input type="checkbox"/>		V/T			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						CHARLIE TIPPING				
						11540 US Highway 92 EAST				
						Seffner, FL 33584				
				<input type="checkbox"/>		S			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						STUART SULS				
						11540 US Highway 92 EAST				
						Seffner, FL 33584				
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART SULS

Date

4/25/01

Daytime Phone #

813-623-5400

CR2E034 (10/00)