

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**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**



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3602140</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BEYER, DAVID A  
C/O PIPER MARBURY RUDNICK & WOLFE  
101 E KENNEDY BLVD STE 2000  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000077284  
03/05/04-80036-019 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEAMAN, MORTON 500 NORTH BROADWAY SUITE 238 JERICHO, NY 11753
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT TIPPING, CHARLIE 11540 US HWY 92 EAST SEFFNER, FL 33584
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SULS, STUART 11540 US HWY 92 EAST SEFFNER, FL 33584
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stuart Suls* **2/23/04** **(813) 623-5400**  
Date Daytime Phone #